Rural Roots

Aging in Small and Rural Communities in Ontario

Ontario

Ontario Advisory Council on Senior Citizens
1992

92-05835/

Ce document est aussi disponible en français sous le titre ***Des racines rurales — Le vieillissement dans les petites localités et les régions rurales de l'Ontario.***

Pour en obtenir des exemplaires, prière d'écrire à Publications Ontario, 880, rue Bay, Toronto (Ontario), M7A 1N8, (1-800-668-9938), ou au Conseil consultatif de l'Ontario sur l'âge d'or, 700, rue Bay, bureau 203, Toronto (Ontario), M5G 1Z6.

Printed on recycled paper. March 1992.

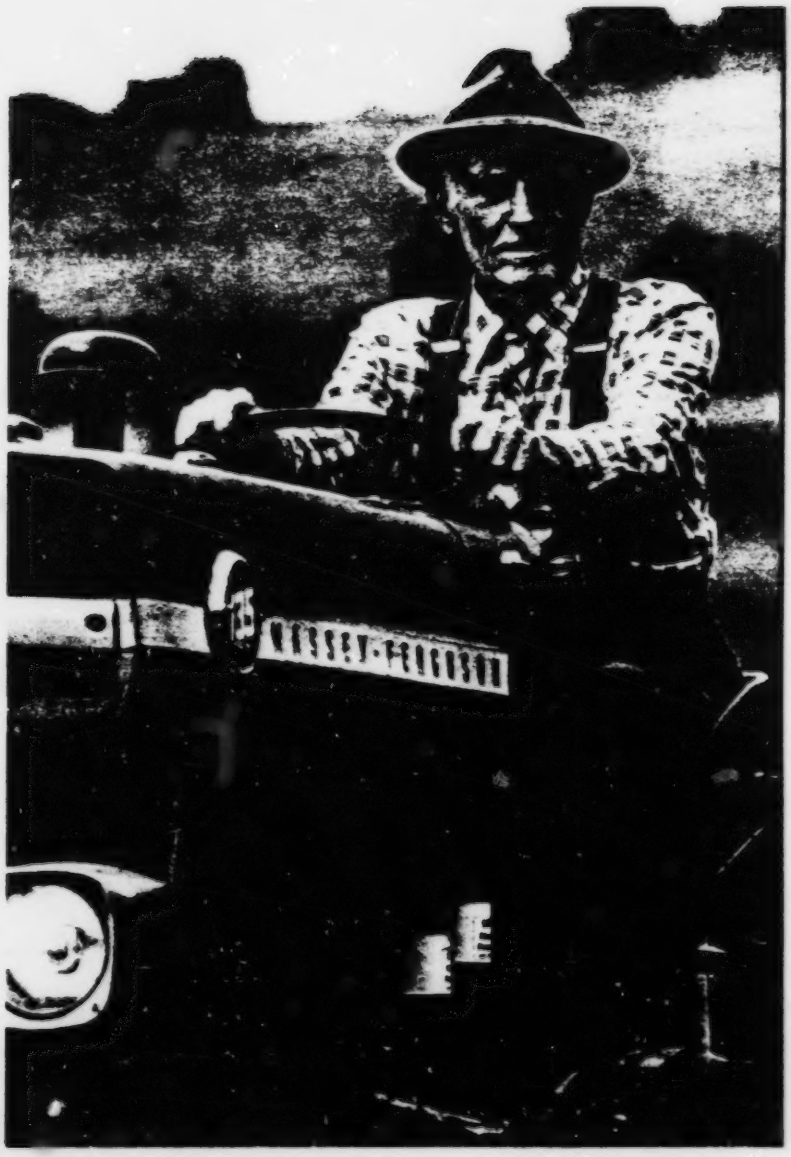
ISBN 0-7729-9606-7

For more copies, contact Publications Ontario at 880 Bay Street, Toronto, Ontario, M7A 1N8, (1-800-668-9938), or write to the Ontario Advisory Council on Senior Citizens at 700 Bay Street, Suite 203, Toronto, Ontario, M5G 1Z6.

Rural Roots

Aging in Small and Rural Communities in Ontario

Ontario Advisory Council on Senior Citizens
1992



At 80 years old Gilbert Franks of R.R. # I, Omemee, continues to work the land that his great grandfather cleared in the 1840s. Across Canada farmers over the age of 65 represent an increasing percentage of all farm operators.

LETTER TO THE MINISTER

Honourable Elaine Ziemba
Minister of Citizenship with
Responsibility for Human Rights,
Disability Issues,
Seniors' Issues and Race Relations

Dear Ms Ziemba:

In fulfilling its mandate to provide advice to the Government of Ontario on matters of concern to senior citizens, Council has been concentrating on the needs of seniors living in small towns, rural hamlets and on farms.

On behalf of all the members of Council, I am pleased to submit the results of our work: **Rural Roots—Aging in Small and Rural Communities in Ontario.**

It is Council's hope that this report and its recommendations will spur debate among decision makers within the Ontario Government and among members of the general public and that steps will be taken to remedy the historical pattern of neglect experienced by many rural seniors.

Manning Shore
Chairman
Ontario Advisory Council on Senior Citizens

ONTARIO ADVISORY COUNCIL ON SENIOR CITIZENS

The Ontario Advisory Council on Senior Citizens was established in 1974 by an Order-in-Council approved by the Lieutenant Governor of Ontario. The Council advises the Government of Ontario through the Minister of Citizenship with responsibility for senior citizens. The Council also responds to specific requests from the Minister for advice. This two-way communication between the Minister and Council ensures that the needs and concerns of seniors throughout the province are brought directly to the attention of the Government as policies are developed and programs delivered.

Over the past two decades the Council has studied subjects as diverse as dental care for seniors, aging in a multicultural province, and elder abuse. The Council regularly publishes major reports and discussion papers. Council speaks for over one million Ontario seniors and seeks change on their behalf. However when Council voices an opinion, it is only after it has consulted with seniors' groups, community agencies, service providers, government decision-makers, and individuals. Council does not speak in isolation.

Council Members 1991-92

Mr. **Manning Shore,** (Chair), Toronto
Dr. **William B. Arnup,** (Vice-Chair), Lindsay
Mr. **A. William Hughes,** (Vice-Chair), Toronto
Ms **Daphne Bailey** Etobicoke
Rev. **Ruth Marie Butt** Woodstock
Mr. **Murray W. Chalmers** London
Rev. **Lloyd Cracknell** London
Mrs. **Verna Johnston** Wiarton
Dr. **Fai Liu** Toronto
Mr. **Jean-Louis Racine** Ottawa
Ms **Maria Santi** Sudbury
Dr. **Helene Shingles** Sarnia
Mr. **Ralph D. Sweet, Q.C.** Ottawa
Mr. **Jean-Paul Van Bergen** Vankleek Hill
Rev. Canon **Clifford A. Ward** Toronto
Mr. **Raymond A. Yukich** Sault Ste. Marie

When Council first began its work on **Rural Roots,** JoAnne Fillimore of Leamington was chair of Council and Allan McNab of Renfrew was a member. Both retired from Council in April 1991. Members of Council's sub-committee on rural aging included: JoAnne Fillimore, A. William Hughes, Rev. Canon Clifford A.Ward, Jean-Paul Van Bergen, Maria Santi, Daphne Bailey and Ralph Sweet.

Wherever and however Council asked for assistance in preparing this report, it was given willingly. Council is most grateful.

Senior citizens, service providers, concerned members of the public, academics, municipal officials, community groups, advisory bodies and many others contributed to this study—in meetings, by correspondence and over the telephone.

Council acknowledges **Especially for Seniors** readers who wrote to Council about their first-hand experiences with aging in rural Ontario; senior citizen councils and secretariats in different parts of Canada which sent Council valuable information on rural aging; and public servants from different provincial ministries who offered information and suggestions.

Council is grateful to members of the local media in communities, where public consultation meetings were held, for their help in publicizing the events and for initiating debate on issues surrounding rural aging.

Council also thanks its own staff—Carol Franks, Mark Dobias and Jacques Samson—for soldiering through winter consultation meetings and numerous drafts of this report. Senior writer David Goyette and policy advisor Mary Tate have also earned Council's gratitude for their professionalism and diligence in helping to bring this report and its important recommendations to life.

And finally Council is appreciative of those individuals who reviewed the final manuscript and offered suggestions.

CONTENTS

Executive Summary 8

Recommendations 10

Introduction 16

Guiding Principles 18

Policy Context 20

Distinct Needs 23

- First Nation Elders
- Farm Seniors

Community Profiles 30

- Haliburton County
- Grey and Bruce Counties
- District of Kenora
- Hastings County

Attitudes 43

Issues 46

Transportation
Health Care
Income
Housing
Communications
Community Services

Appendices 71

Readings 77

Bibliography 79

Rural Roots is intended to advance public understanding of the needs and hopes of rural senior citizens and to promote renewed interest in their well-being.

This report and its recommendations are based on the firsthand views of senior citizens and service providers expressed to Council during a series of public meetings held in different parts of the province during 1990-91.

Overall, Council submits that the needs of the rural elderly continue to suffer from an historical pattern of public sector neglect and inattention. Council contends that the relative isolation of the rural elderly as well as their traditional reluctance to ask for help have masked their legitimate need for government and community support.

Throughout the province the percentage of long-time, older residents in small communities and rural areas continues to increase. At the same time more and more urban dwellers are choosing to leave the city and retire in the country. Council believes that the differing interests of these two groups of seniors bring a new urgency to the issues reviewed in this report and demand determined and innovative public sector responses.

Council applauds the selfless and even heroic services, provided to rural seniors by local volunteers, family members, friends and neighbours. While such services are highly valued, Council does not feel that volunteers and families should be expected to deliver a full range of community services.

Council respects the traditions associated with Ontario's rural roots. In support of this heritage, **Rural Roots** offers 29 recommendations in six areas: transportation, health care, income, housing, communications, and community services.

Council strongly recommends measures to improve the income and taxation status of rural seniors. Council urges action on the provision of under-serviced health care needs of particular importance in rural Ontario. Council seeks a new level of co-ordination and promotion of local and regional transportation services. Council encourages improved rural sensitivity in the provision of postal and telephone services. Council proposes initiatives in supportive housing, home maintenance and in the planning of

retirement communities. Council also sets out preferred criteria for the development of models for the delivery of rural community services.

This report also acknowledges that separate attention must be directed at the specialized needs of Ontario's First Nation elders, and farm seniors.

Together the report's recommendations form the basis for what Council believes to be an essential component of the public agenda in the decade ahead.

Thera White listens in as Helen Callaghan, President of the Tyendinaga Seniors' Club, and Ted Pollock, Deputy Reeve of Huntingdon Township, continue to debate the plight of rural seniors during a break at a consultation meeting organized by the Council in the Eastern Ontario community of Ivanhoe.

RECOMMENDATIONS

FIRST NATION ELDERS

❑ *That the Ministry of Citizenship direct its Office for Seniors' Issues and Native Community Branch to assist the Ontario Advisory Council on Senior Citizens in a major study of First Nation elders.*

FARM SENIORS

❑ *That in the government's redirection of long-term care that the Ministry of Health and Ministry of Community and Social Services:*

- ❑ *ensure that an adequate range of home support and home care services is available to seniors in farm communities in order to guarantee a minimal level of service;*
- ❑ *promote programs such as wheels to meals and meals on wheels, which provide frozen meals, as important components of rural services;*
- ❑ *ensure that the proposed service co-ordination agencies are sensitive to the needs of rural seniors and that their local boards of directors include rural representation.*

❑ *That the Ministries of Municipal Affairs and Housing consult rural municipalities on a pilot project promoting temporary, non-severance granny flats for retiring farm seniors.*

❑ *That the Treasurer direct the Fair Tax Commission, in fulfilling its mandate, to:*

- ❑ *review taxation policies and taxation relief as they affect all senior citizens in Ontario with particular attention paid to farm seniors;*
- ❑ *provide a better way to allow the transfer of a farm lot to farmers or members of their family retiring on-site;*

TRANSPORTATION

❑ *That the Ministry of Transportation continue to give urgent attention to providing accessible and co-ordinated transportation in rural and small communities.*

❑ *That the Ministry of Transportation take all necessary steps including a review of the Highway and Traffic Act, in order to make the changes necessary to enable funds to flow to a variety of organized groups willing to provide co-ordinated and accessible transportation in a rural area.*

❑ *That the Ministry of Transportation bring together representatives of all levels of government and inter-city/inter-provincial bus companies to provide bus service in rural areas.*

❑ *That the Ministry of Community and Social Services set a province-wide rate of reimbursement per kilometre to volunteers who drive their own vehicle for agencies funded by the province.*

HEALTH CARE

❑ *That in the government's redirection of long-term care that the Ministry of Health and the Ministry of Community and Social Services:*

- *remain focused on the principles which support personal independence;*
- *recognize the right of all seniors to equitable access to services and provide a range of home support and home care programs;*
- *establish new programs and improve support for existing programs providing rural respite care, palliative care and psychogeriatric services;*
- *prepare guidelines for health care services necessary to serve existing and future large-scale retirement communities located in rural areas;*

- *provide feedback to those rural communities which participated in needs assessments and consultation.*

- *That the Ministry of Health's Regional Geriatric Centres be required, on a consistent basis, to provide continuing education in geriatric care for health professionals, located in rural and small communities.*

- *That the Ministry of Health continue to promote its Underserviced Areas Program to those physicians who have a particular interest in geriatric practice, encouraging them to locate in rural and remote areas.*

- *That all Ontario medical schools adopt the policy of encouraging students to go on rotations to health care facilities in the Far North and in rural communities before completing their medical studies.*

INCOME

- *That the Treasurer of Ontario direct the Fair Tax Commission, in fulfilling its mandate, to review taxation policies as they affect all senior citizens of the province, with particular attention paid to rural and small communities*

- *That the Ministry of Revenue review and report on the adequacy of the property tax grant program for seniors, with a view to strengthening the relationship between annual tax increases and annual grant increases.*

- *That the Ministry of Citizenship's Office for Seniors' Issues, together with the Ministry of Revenue and the Ontario Women's Directorate, undertake a detailed survey of the income status of senior farm and rural women.*

- *That the Ministry of Citizenship's Office for Seniors' Issues, together with the Ministry of Community and Social Services and the Ministry of Revenue, review and report on the*

extent to which income-related programs and services of government are understood and used by rural seniors.

- *That the Ministry of Citizenship's Office for Seniors' Issues develop and implement a multimedia communications strategy, in a range of languages, in order to inform seniors in rural and small communities about income-related programs.*

HOUSING

- *That the Ministry of Housing, in determining its social housing allocations, increase specific regional targets and allocations for senior units in rural and small communities in Ontario.*

- *That in the government's redirection of long-term care that the Ministry of Health and the Ministry of Community and Social Services make every effort to increase the range of supportive housing for rural seniors. Such initiatives should be undertaken in conjunction with the Ministry of Housing.*

- *That the Ministry of Citizenship's Office for Seniors' Issues design a pilot project aimed at helping rural seniors in maintaining their homes. Such a pilot project should include the following components: on-site assessment of need; identification and co-ordination of local contractor services; public notice and advertisement; and financial advice as necessary.*

- *That the Ministry of Municipal Affairs provide greater focus on requirements for the provision of access to health and social services needed by residents of large retirement communities.*

- *That rural municipalities be required to place greater emphasis on the need for community integration and the avoidance of isolation in their review of development applications for seniors' housing, and that the co-ordinated provision of quality social services serve as a conditional requirement in any such review.*

COMMUNICATIONS

- *That seniors' organizations encourage seniors across the province to write to Canada Post urging it to abandon its plans to close rural post offices; to reconsider its rural super box program; and to reinstate rural postal services.*

- *That the Ministry of Municipal Affairs urge rural municipalities to clear snow and ice promptly from all pedestrian areas around super mailboxes.*

- *That the Ministry of Culture and Communications and the Ontario Telephone Service Commission examine the issue of multiple exchanges and long distance charges for residential customers in rural Ontario, with a view to having them reduced.*

COMMUNITY SERVICES

- *That in the government's redirection of long-term care that the Ministry of Health and Ministry of Community and Social Services assess existing or new models of community service delivery to rural seniors in the context of the following criteria:*

  - *respect for the rural value placed on independence, individuality and self-sufficiency;*

  - *community services be responsive to rural preferences and that the imposition of urban models of service delivery be avoided;*

  - *allocation of all community resources be based on a thorough understanding of the differing demands of both long-time residents and new retirees from urban areas.*

- *That the Ministry of Citizenship's Office for Seniors' Issues undertake a thorough review of the recruitment, training, and incentive needs of volunteers in rural and small communities in Ontario, with a view to improved support .*

❑ *That in the assessment of existing or new models for community service delivery to seniors in rural environments, the following criteria be accommodated:*

- *the valuable role of co-ordinators of seniors' services be acknowledged and the number of such positions be increased across the province;*
- *service delivery models should build upon and extend the reach of services already in operation in the community;*
- *volunteers should play an important role in service delivery and should be provided with incentives to do so;*
- *service clubs, faith communities and other non-government agencies should be important partners in any service delivery;*
- *seniors should be given the opportunity to share in the design and delivery of services intended to help them retain their independence.*

❑ *That future elder abuse projects or studies, undertaken by the Ministry of Citizenship's Office for Seniors' Issues, pay special attention to rural seniors.*

INTRODUCTION

More than one-third of Canada's 2.7 million seniors live in Ontario. Of these, approximately one in six lives in a rural area.

Over the years the Ontario Advisory Council on Senior Citizens has maintained an active interest in the well-being of these seniors. Indeed, Council's own membership has included individuals from small communities as well as those from agricultural and remote regions of the province.

In August, 1980, Council released a major report on rural aging, undertaken in collaboration with the Rural Department Outreach Project of the University Of Guelph. Entitled **Towards an Understanding of the Rural Elderly**, this report formed an important basis for the development of **Rural Roots**.

However, the most current impetus for **Rural Roots** came directly from Council's 1990-1993 strategic plan which identified aging in small and rural Ontario communities as one of three major areas of focus.

Council's study of aging in small and rural communities was comprised of separate but related phases of information gathering.

The first of these involved public hearings in the Counties of Haliburton, Bruce, Grey and Hastings, and in the District of Kenora. Overall, the hearings attracted over 450 participants. Council's schedule of hearings can be found in the appendices.

Secondly, during these consultation meetings Council received 31 written briefs on issues pertaining to seniors in rural and small communities, and undertook their analysis in order to respond to the issues raised by their authors and to help prepare the recommendations contained in this report.

Thirdly, Council sought the views of seniors through a request for written submissions placed in its Summer, 1990, issue of **Especially for Seniors**, a quarterly newspaper with a circulation of over 1 million. It was mailed to all Ontario seniors. The analysis of reader responses is set out in the chapter entitled Attitudes. (The newspaper was discontinued in January of this year.)

Finally, Council enlisted the School of Rural Planning and Development at the University of Guelph to prepare a bibliography on aging in rural settings. It begins on page 79.

As is normally the case, certain research limitations should be noted. In particular, Council's efforts remain handicapped by an insufficient quantity of socio-economic data on rural seniors in

Ontario. This situation is, however, beginning to improve.

The study is also limited by the difficulty in making comparisons between and among small town and rural communities. While Council has attempted to find and describe common ground of province-wide significance, all communities are unique and thereby not easily subject to simple comparative analyses.

It is worth noting that solutions proposed to improve the well-being of rural seniors generally must account for the differing viewpoints of urban and rural residents. Perceptions of the importance of self-reliance are higher in rural rather than urban settings, as is the level of unease or even distrust of "outside", or obviously urban attitudes and activities. These perceptions will flavour and influence the recommendations proposed, and are important research limitations.

In Ivanhoe, retired farmers were among those who aired their views. From left to right: Stanley Geen, farmer from Plainfield; Roy Chatten, a dairy farmer; Penny Sanderson of Frankford; Gladys Beaumont, who farmed with her husband near Cherry Valley; and Dr. Fred Murphy, a family doctor in Picton for 34 years.

GUIDING PRINCIPLES

In the early stage of its work on rural aging Council established a set of principles to guide the development of this report. These principles make Council's intent plain. They also help focus the debate on the most significant issues affecting seniors in rural and small Ontario communities.

The most important of these principles are the following:

- As set out in the **Ontario Human Rights Code 1981**, everyone has a right to equal treatment with respect to services, goods and facilities without discrimination because of, among other things, age or place of origin (Part 1. Sec. 1). Government services should therefore be available on an equitable basis to all Ontario residents.

- Council recognizes and admires the independent spirit of seniors living in rural and small communities in Ontario. Members believe this desire for community autonomy must be recognized and encouraged. Policies and programs intended to meet the needs of Ontario seniors must reflect the unique characteristics and needs found in different rural and small communities.

- Council recognizes the different and unique needs of the First Nations and multicultural communities of the province.

- Council believes that planning for delivery of services must recognize that:

  - some rural and small communities already have a greater proportion of senior residents than do others;

  - the proportion of seniors in such communities already exceeds that projected for the province as whole;

  - the ethno-cultural composition of the 65-and-over population is changing.

- Without limiting the complexity of issues associated with small-town and rural living, public policy initiatives should focus primarily on transportation; health and long-term care; income; affordable housing; communications; the co-ordination of community-based support services; isolation; social integration and volunteerism.

- All persons have an equal right to put forward their needs and views for consideration by government. Seniors have the right and responsibility to take part in the planning process, to make choices and to contribute their knowledge to the community.

- Council believes in encouraging seniors to maintain their independence and, where possible, to age in familiar surroundings. Government services should be designed to assist in these goals by providing the individual with a range of community-based services. These services should not take away from the strength of the family.

- Council recognizes that for the most part seniors in rural and small Ontario communities have strong feelings of community, of belonging to the land. They appreciate the quality of life in Ontario.

POLICY CONTEXT

Small communities and rural settings are characterized by relatively low populations, long distances between communities, and few buildings. The settings range from open countryside to farms and rural residences, hamlets, villages and towns.

Similarly, descriptions of economic activity assist in defining a rural economy, typified as it is by farming, which ranges from small family farms to large high-tech operations.

In statistical terms, "rural" has traditionally acquired a definition by default—that is, places which are non-urban, or according to Statistics Canada have a population less than one thousand.

Council proposes a flexible description of "rural" based on local views of a community's character and personality. That is, Council views the definitions of "rural" and "small community" in relation to the surroundings and to the attitudes and perceptions of their residents.

Only one in six Ontario residents lives in a rural community. Of these rural residents, some 10 per cent are 65 years of age or older. Among these seniors, only 10 per cent live on farms.

While the absolute number of rural seniors province-wide is relatively small, their impact on a community can be extremely significant: the aging of the population in a number of Ontario counties, districts, towns and villages continues at a rate which far exceeds the rate in the population generally. In some instances, for example, community concentrations of seniors exceed 30 per cent—approximately three times the provincial average.

It is in this community context that the well-being of the seniors from rural and small communities is best understood and analyzed. It is similarly in this context that issues are most pronounced, and solutions most readily discovered. Accordingly, Council's attention and analysis have been focused at the community level.

Such a community focus can be both positive and negative. On one hand, a community focus allows for in-depth analysis. On the other hand, the unique characteristics of all communities—including those studied by Council—make the development of universal recommendations difficult.

Ontario's Small Town and Rural Residents by Age Group

	Total Pop.	Total Senior Pop. and % of Total Pop.	65 - 69	70 - 79	80 - 89	90 +
Total Urban & Rural Population	9,101,695	992,705 (10.9)	333,375	455,935	174,200	28,835
Sub-Total Rural	1,632,275	162,430 (10.0)	60,950	74,165	23,760	3,555
-Farm	232,790	16,810 (7.2)	7,785	6,980	1,800	245
-Non-Farm	1,399,485	145,625 (10.4)	53,170	67,175	21,965	3,315
Sub-Total Urban	7,469,420	830,260 (11.1)	272,780	381,760	150,440	25,280
Under 1,000	3,770	610 (16.2)	200	260	110	10
1,000 - 2,499	164,080	27,280 (16.6)	7,760	12,560	5,905	1,005
2,500 - 4,999	211,875	31,610 (14.9)	9,525	14,545	6,350	1,190
5,000 - 9,999	272,690	36,950 (13.6)	11,090	16,810	7,680	1,370
10,000 - 24,999	358,860	47,790 (13.4)	14,310	22,110	9,615	1755
25,000 - 49,000	268,275	29,565 (11.0)	9,325	13,770	5,465	1,005
50,000 - 99,999	628,415	75,620 (12.0)	25,285	35,465	12,720	2,150

Statistics Canada, 1986

In support of this focus on local communities, consideration has been given to questions of the desirable, necessary or optimum size of rural and small communities for efficient and cost-effective service delivery.

The relative "smallness" of rural communities is a fundamental asset, providing as it does the pace, values and quality of living which define for many the very attraction to small-town living. But smaller communities, including their outlying districts, often do not have enough residents to support the development of formal and professionally-delivered support systems.

Council believes that services must be provided to meet all levels of need, and in the widest variety of residential and community circumstances. This requires co-ordination of services, in some cases on a regional basis, and Council was most impressed with the level of co-operation that already exists among service providers in rural Ontario.

County, township and municipal boundaries must not be allowed to get in the way of the delivery of services to rural people.

Changes in the economy of many of Ontario's small towns have had an important impact on policy formulation, and on issues related to the delivery of services to seniors in particular.

Council is aware that economic activity in many small towns has shifted from local retail patterns to those which are regional and tourist-driven. Traditional main streets characterized by the bakery, the hardware store, the butcher and the gas station have already changed to include the crafts shop, video outlet, souvenir boutique and milk store.

This trend is most pronounced in cottage country and in areas close to provincial parks, conservation areas and waterways.

Accompanying this shift away from local services is the longer-term prospect of a decline in the quality of local services. Council's proposals have been designed so as to avoid such a decline and to help improve local services through co-ordination of existing resources.

First Nation Elders

Council sought out and heard representations from interested parties on issues of particular concern to First Nation elders in Ontario.

Presentations such as those made on behalf of the 17,000 status Indians of the 46 communities of the Nishnawbe-Aski Nation of the Far North outlined important issues having to do with health, social and family services, transportation and cultural integrity.

While Council believes that these and other issues are as important to First Nation communities as they are to any other, the information gathered to date is insufficient to permit detailed recommendations at this time.

Council recommends that a major study be undertaken focusing exclusively on issues affecting elders of the First Nations.

WE RECOMMEND:

❑ *That the Ministry of Citizenship direct its Office for Seniors' Issues and Native Community Branch to assist the Ontario Advisory Council on Senior Citizens in a major study of First Nation elders.*

"The primary responsibility of the home support workers on the reserve is to cut and haul the wood. The remainder of the time is spent carrying in water for the senior."—Darryl Quedent, Acting Supervisor, Home Support Services, Red Lake, District of Kenora.

"One elder told me he was tired of waking up with his blanket frozen to the wall."—Liz Dance, Social Services Director, Nishnawbe-Aski Nation, Ontario's Far North.

Farm Seniors

Presentations made to Council during the initial rounds of consultation were provided mainly by non-farm seniors and service organizations. This is not particularly surprising given the large percentage of rural non-farm seniors—almost 90 per cent of rural seniors in Ontario—Council nonetheless undertook special arrangements in order to solicit the views of the farming community.

Council's consultation meeting of December 19, 1991, in Hastings County was arranged to help focus these efforts and to supplement existing information provided at earlier consultations.

Overall, Ontario's agricultural population has declined steadily this century, falling from 785,550 or 31 per cent of the province's total population in 1931 to 232,790 or 2.5 per cent of the population in 1986.[1]

The farm population now represents a small minority—only 14 per cent—of Ontario's 1.6 million rural residents.

Among Ontario's 232,790 farm residents, some 16,810 or 7.2 per cent are aged 65 years or older. Of these seniors, 60 per cent are active farmers. Slightly over half have not received formal schooling beyond grade 9; and males outnumber females—58 per cent to 42 per cent.

As is generally the case across Canada, farmers over the age of 65 in Ontario represent an increasing percentage of all farm operators.

Most recent demographic trends in Ontario agriculture are indicative of overall Canadian trends:

- the number of farms and farm families has decreased, while the average farm size has increased;
- there are fewer active farm operators, although they are better educated;
- farm operators are increasingly reliant on income from off-farm sources;
- women continue to represent only a small percentage (5 per cent) of all farm operators in Ontario;
- women who work on the family farm represent two-thirds of all unpaid agricultural workers in Canada; and their labour represents up to 23 per cent of the country's total farm income.

Ontario is home to some 66,940 farm families residing on 56,700

family farms. One-fifth—20 per cent—of these farms are 10 to 69 acres in size, while 23 per cent contain 70 to 129 acres. Almost all of the family farms—94 per cent—are operated by owners or part-owners, and almost all—93 per cent—feature owner-occupied private dwellings.

The overwhelming majority of family farmers—81 per cent—have English as their mother tongue.

Council is both aware of and supportive of the traditions which family farms represent in Ontario. Council is also aware of the economic difficulties faced by farm families and the particular challenges which senior farmers face.

For example, net farm income in Ontario dropped by 17 per cent in 1989, and by 5 per cent in 1990. The Ontario Agricultural Finance Review Committee anticipates a further 15 per cent reduction in 1991.[2] Ontario farmers continue to confront the complex economic issues of variable interest rates, a high Canadian dollar, international agreement pressures on supply and pricing, farm insurance and the availability and cost of credit. On March 14, 1991, the Review Committee reported as follows:

"The Committee found that Ontario farmers are no longer prepared to accept conventional analysis and conventional solutions to their financial problems. Innovation, in many cases bold innovation is required ... (our) recommendations are designed to encourage more co-operation, more self-help and more community-based solutions to the problems of agricultural finance".[3]

In addition to financial concerns, Council is aware of the range of health social services and other issues of interest to senior farmers.

For example, in its 1990 province-wide Women and Aging Conferences focusing on rural older

During the period 1971-1986, the percentage of farm operators aged 60 to 64 rose from 9.5 to 10.7 per cent. Those aged 65 to 69 rose from 6.7 per cent to 6.9 per cent. Similarly, the percentage of farm operators aged 70 years and older rose from 6.2 per cent to 7 per cent.

women,[4] the Office for Seniors' Issues heard from among 500 attendees on the well-being of Ontario rural and farm women. Among the major topics of concern were changes in family life, adapting to change generally, continuing education, re-entering the workforce, pensions and long-term health care.

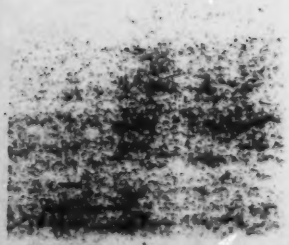
While farm seniors share a range of concerns common to all Ontario seniors, they also demonstrate needs and aspirations unique to their status as farm operators or residents.

For example, behaviour based on a desire for self-sufficiency appears to be most highly valued among farm seniors. This tends to be reinforced by traditionally independent and self-motivated patterns of work. Nonetheless, financial pressures can frequently require off-farm employment, for which many seniors are unprepared and unskilled.

Senior farm operators also face unique pressures for technological change. Modern and efficient farming is increasingly reliant on advances in technology and management skills and many older farmers are unwilling or unable to adjust to these advances in order to remain competitive.

In addition, farm seniors located on agricultural lands subject to the pressures of adjacent urban development (as in Niagara) or cottage/recreational development (as in the Kawarthas/Haliburton/Hastings) face unique pressures. On one hand, the benefits of sale may guarantee a financially secure retirement similar to that achieved by the sale of urban land by urban seniors. On the other hand, such a sale can result in a dramatic and uncertain change in lifestyle in later years. The many options involved in conditional sales, lease-back arrangements and similar instruments complicate these pressures further.

"We take good care of our livestock and the vet comes right to our barn! Will long-term care look after our seniors this well?"—a Hastings County senior.



For many senior farmers, issues associated with the transfer of farm lands to enable themselves to retire independently, or to allow a son or daughter to make a living, can be troubling.

For example, senior farmers seeking a severed farm lot for their own purposes and a sale of their remaining farm land to other interests—even other farmers—encounter government opposition based on a desire to maintain viable parcels of agricultural land and avoid the inefficiencies of servicing scattered residential lots.

Similarly, senior farmers seeking retirement income through the sale of farm lands to their relatives often find that income threatened by new mortgage indebtedness, their guarantee of loans, and similar financial risk assigned to the sold lands.

In other cases, the market for a marginal farm can completely disappear, requiring farmers to remain in the business or find other income while still living on the farm.

In either event, the co-habitation of parents and married children may be lost, undermined or put at risk. Retirement may be accompanied by financial insecurity and a loss of pride and personal security.

Council is also concerned that these and other financial issues unique to retiring farmers hold out the very real prospect of poverty. Medical and community service providers in Prince Edward and Hastings Counties observed:

"Many of our farmers are living in pretty deplorable conditions... Until they were 65, one couple lived in a house with a dirt floor; now with subsidized housing, they believe they are wealthy".

Many farm seniors rely on their farm as the sole source of operating revenue, which is typically seasonal and unstable. Others are forced to seek off-farm employment, for which they may be unequipped or unskilled. Still others move to urban retirement homes or institutions which provide an insufficient level of challenge and independence.

Farm seniors, particularly women, frequently encounter poverty following the death of a spouse. Furthermore, Council has heard observations that farm incomes are so low in some regions that women are unable to contribute to the Canada Pension Plan.

Inadequate knowledge of and access to information and services reinforces these scenarios, and may well be most acute among isolated farm families and singles. For example, Council heard that both

meals on wheels and wheels to meals, when available, were highly valued by senior farm residents.

As noted by the Centre Hastings Support Network, however: "It constantly amazes me that people don't know we're there, but we've been there for five years... The people on the farms are probably least aware of us, yet need us the most... In some areas, farm seniors get nothing."

Calling himself a semi-retired dirt farmer from Plainfield, 71 year old John Huffman says farmers, who haven't worked off the farm in their younger years, have a tough time adjusting to leaving the farm when they are older.

WE RECOMMEND:

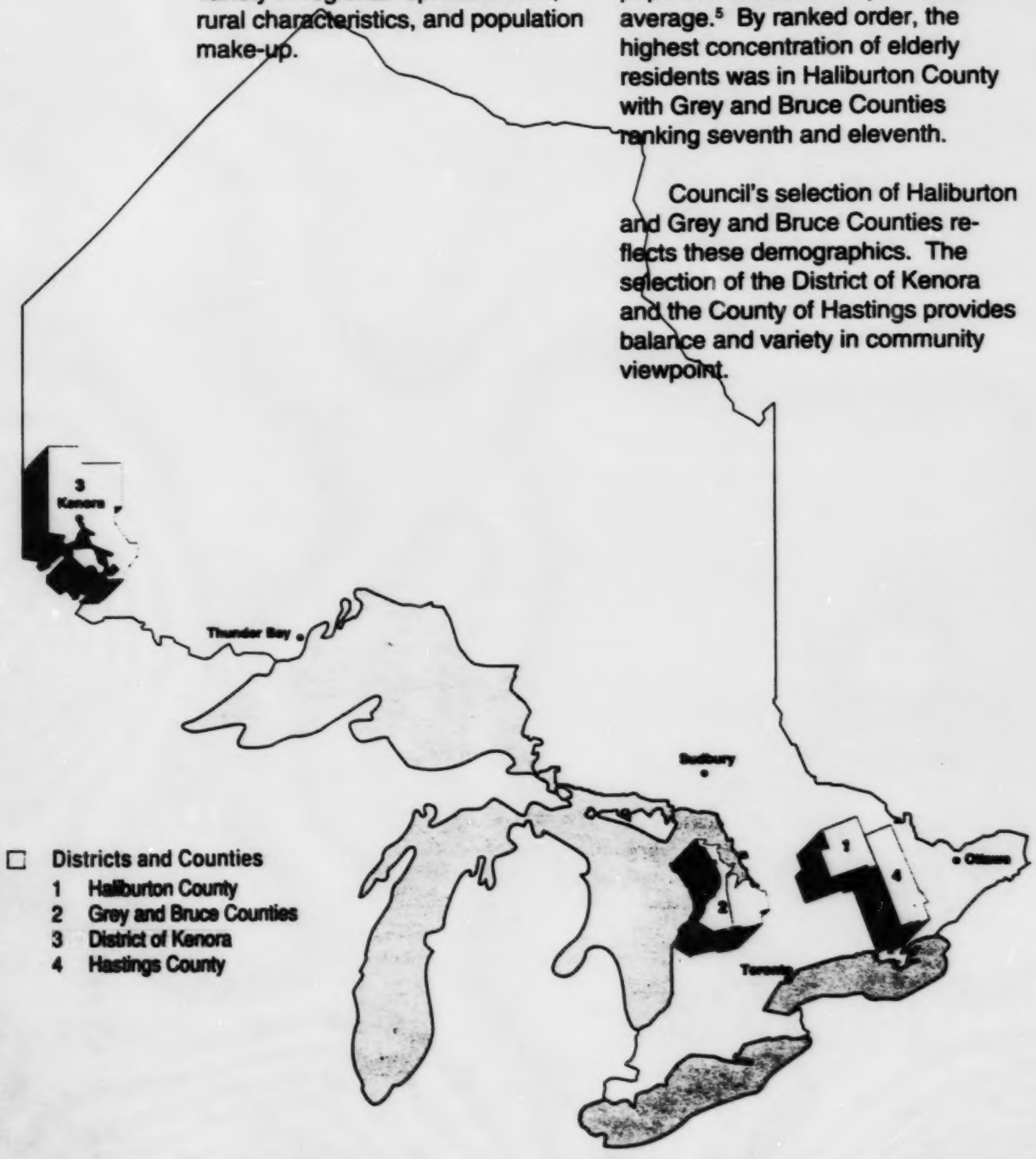
- *That in the government's redirection of long-term care that the Ministry of Health and Ministry of Community and Social Services:*
  - *ensure that an adequate range of home support and home care services is available to seniors in farm communities in order to guarantee a minimal level of service;*
  - *promote programs such as wheels to meals and meals on wheels, which provide frozen meals, as important components of rural services;*
  - *ensure that the proposed service co-ordination agencies are sensitive to the needs of rural seniors and that their local boards of directors include rural representation.*
- *That the Ministries of Municipal Affairs and Housing consult rural municipalities on a pilot project promoting temporary, non-severance granny flats for retiring farm seniors.*
- *That the Treasurer direct the Fair Tax Commission, in fulfilling its mandate, to:*
  - *review taxation policies and taxation relief as they affect all senior citizens in Ontario with particular attention paid to farm seniors;*
  - *provide a better way to allow the transfer of a farm lot to farmers or members of their family retiring on-site.*

COMMUNITY PROFILES

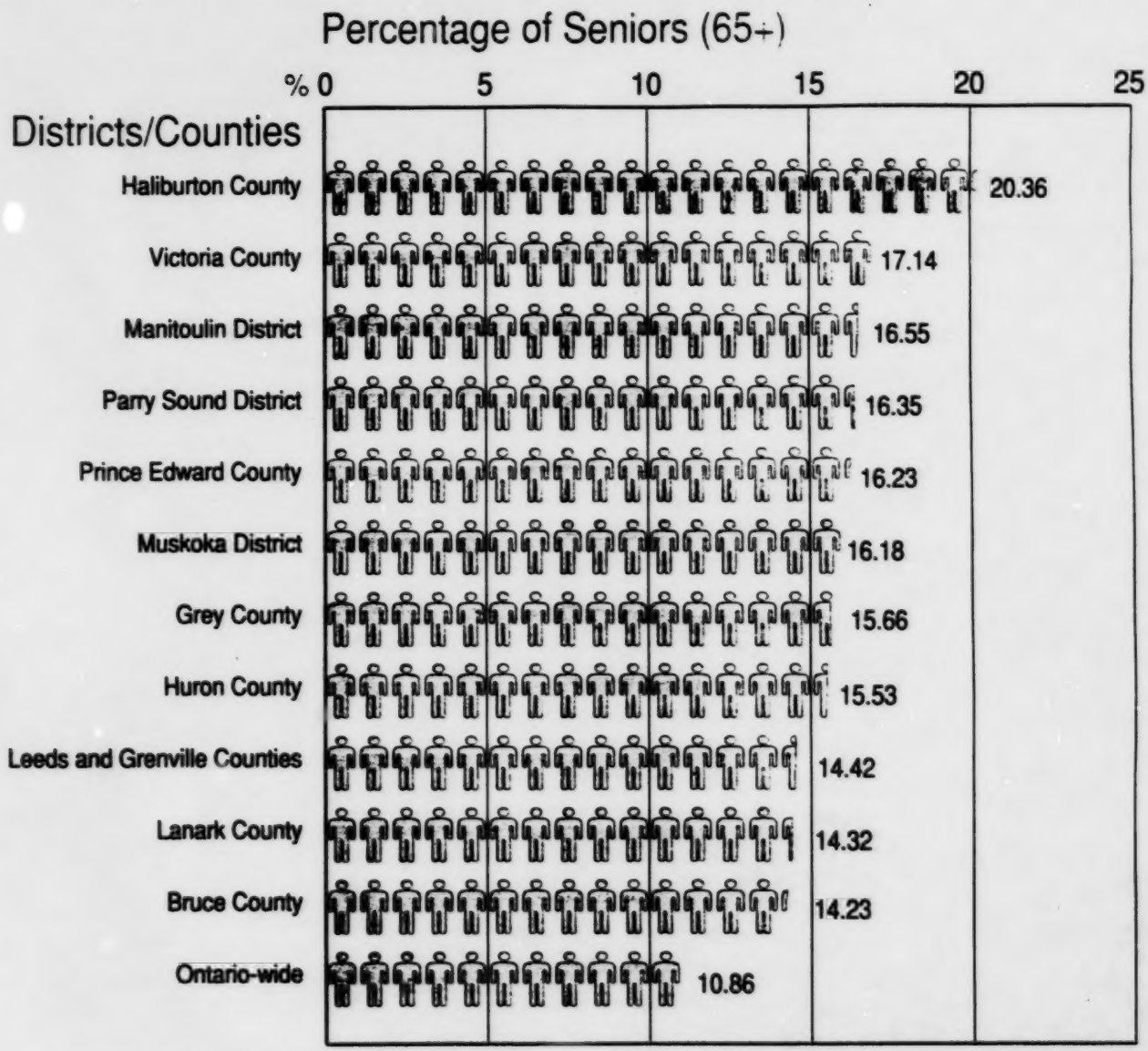
In selecting communities for public consultation and study, Council sought to achieve balance and variety in regional representation, rural characteristics, and population make-up.

Among Ontario's 49 counties, districts and regional municipalities, almost three-quarters had senior populations above the provincial average.[5] By ranked order, the highest concentration of elderly residents was in Haliburton County with Grey and Bruce Counties ranking seventh and eleventh.

Council's selection of Haliburton and Grey and Bruce Counties reflects these demographics. The selection of the District of Kenora and the County of Hastings provides balance and variety in community viewpoint.



Concentrations of Seniors in Ontario



Haliburton County

One in 5 residents of Haliburton County is 65 years of age or older, representing the highest such concentration in Ontario. This trend has been reinforced in recent years as retirees and seasonal cottage residents—many of whom are seniors—move away from urban centres to become permanent residents in the county.

Uncertainties have arisen as to the adequacy of services generally and the availability of health and social services in particular. In addition, the need for these services is becoming increasingly focused in the county hamlets, and among women seniors and near-seniors.

Haliburton's population of approximately 12,000 (1988) is largely rural; the community of Haliburton is home to 1,878 and Minden's population is approximately one thousand. The annual influx of seasonal residents typically has the effect of tripling the county's population.

While forestry and related industry once provided most of the employment in Haliburton County, tourist and summer retail activity and residential construction are now the primary sources of jobs. Many jobs are seasonal or part-time in nature and average incomes are below the provincial average.

Haliburton County has a 62-bed home for the aged in Minden and a 60-bed nursing home in Haliburton. As a rule, local seniors entering these facilities tend to be older than the provincial average, and the availability of chronic care is an important local issue.

The county is served by two small hospitals in Haliburton and Minden, both of which experience dramatic increases in service demands during the summer months. When more specialized medical services are needed, people must travel to Lindsay, Peterborough or Toronto. This means long trips and increased stress on the individual and, in the case of emergencies, on the ambulance services.

Haliburton Home Support is an important community service for seniors. It provides services such as emergency response, friendly visiting, home help, home-making, information and referral, meals on wheels, congregate dining and a volunteer transportation service for other than emergency needs.

At public hearings in Minden on September 11 and 12, 1990, Council heard from individual seniors and from a variety of community support agencies and care-givers, primarily on issues pertaining to health care and social services.

Consultation highlights follow:

- The Haliburton County Home Support Services provided insight into issues of long-term care reform, as well as the need for the co-ordination of services, improvements in transportation for seniors, and supportive housing;

- The Haliburton, Kawartha and Pine Ridge District Health Council offered advice on the value of understanding rural culture in program development; issues highlighted included transportation, elder abuse, palliative care, volunteerism, and the service needs of retirement communities;

- The North Hastings Volunteer Community Support Services provided input on funding issues, including user fees and co-payments for social services;

- The Psychiatric Assessment Service for the Elderly submitted timely advice on the need for the strategic planning and co-ordination of geriatric and psychogeriatric services in both policy and programming; the need for chronic care and short-term psychiatric in-patient beds was also highlighted;

- Victoria County Community Care provided comprehensive materials in four areas of local concern: palliative care, respite care, transportation and psychogeriatric services. The agency also outlined the results of its study of respite care citing issues of availability, quality of care, accessibility and the continuum of care.

Grey and Bruce Counties

Grey County

Vast, diverse and scenic, Grey county stretches from the rolling hills of Saugeen country in the south to the shores of Georgian Bay in the north; from Blue Mountain and Beaver Valley in the east to pasture lands in the west.

With 15.66 per cent of its population composed of seniors, Grey County ranks seventh among all counties, districts and regional municipalities in Ontario. In addition to the aging associated with farming communities generally, the county continues to experience young people moving away, usually to larger urban centres.

Demographic projections point to a near doubling of the over 85 age group in 20 years and a pattern of movement from farm to community settings—and especially to Owen Sound—in the years ahead.

Some 66 per cent of the county's 75,000 people are rural and farm residents. Livestock and milk production predominate. Grey ranks first in Ontario sheep production and third in cattle production.

The county's fruit growing district is one of the most concentrated apple producing regions in the province. It is centred in the Beaver Valley near Thornbury and Clarksburg and in the sandy soil regions near Collingwood and Meaford.

Owen Sound is Grey's largest city, with 20,000 residents. The county has 10 nursing homes and homes for the aged; the largest is in Owen Sound with 150 beds. Versa Care Centre / Sprucewood Court in Hanover is a large nursing home and rest and retirement complex which has 63 residential beds, 70 extended care beds and 145 apartments.

With one exception, these homes provide extended care beds; a small number of respite and geriatric programs are offered.

Four small community hospitals are located in Markdale, Meaford, Durham and Hanover. The Hanover and District Hospital is the largest medical facility with 80 beds, and chronic care beds are available in all district hospitals. The major regional health centre is in Owen Sound.

For specialized medical services, residents are normally transferred to hospitals in London or Toronto.

In 1988, the county appointed a social service co-ordinator to help develop an information and referral service for seniors. The co-ordinator is also responsible for assisting seniors in organizing local service initiatives; providing support to local planning committees; and offering administrative assistance to the Grey-Owen Sound Seniors' Advisory Council—an umbrella council for local planning committees.

There are local voluntary organizations in communities throughout the county. One group employs a full-time co-ordinator. These organizations provide a range of services including outreach; counselling; friendly visiting; volunteer transportation; home help; homemaking; home maintenance; information and referral; inter-generational programs; respite care; telephone assurance; wheels to meals; diner's club; and congregate dining.

Bruce County

A patchwork of small rural townships sandwiched between Lake Huron and Georgian Bay, Bruce County is home to a diversity of rural communities.

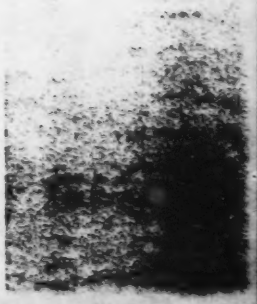
At 14.23 per cent, the concentration of Bruce County seniors ranks eleventh among all counties, districts and regional municipalities in the province.

The population of Bruce County—57,119 in 1988—is aging at a rate greater than the provincial average. In addition, the average age of new residents is over 55, as many summer or seasonal residents are now taking up permanent residence. Some winterize their cottages. Others, with cash available through the sale of an urban home, purchase more affordable housing available in smaller communities.

Over a proud history of 125 years, Bruce County has been one of the leading producers of beef cattle in Ontario. In recent times, however, many small beef and other family farms have been integrated into large and more capital-intensive farm operations.

The county's agricultural sector currently accounts for 34 per cent of the labour force—a level which may be negatively affected in the years ahead by lower beef prices and a variety of local and international economic factors.

Given its natural and scenic amenities, it is probable that tourism will occupy a larger share of the local economy in the future.



The county has two homes for the aged, the largest in Walkerton with 158 beds. There are five nursing homes in the county: the Southampton Nursing Home has 84 extended care beds and can serve French, German and Dutch speaking seniors. Current studies indicate that the current supply of beds is likely to meet future needs.

Otto Meyer, 86, of R.R. # 3 Flesherton lights up when volunteer driver Bill Brown drops off a hot lunch from Meals on Wheels.

The medical needs of seniors in Bruce County are served by five community hospitals in Southampton, Wiarton-Lion's Head, Kincardine, Chesley and a 104-bed facility in Walkerton—the county's largest. The only major hospital is in Owen Sound, a half-hour drive to the east of the county. A recent study of hospital services in the Bruce Peninsula/Meaford area indicated no immediate need for more chronic beds as long as there was a solid network of community services in place.

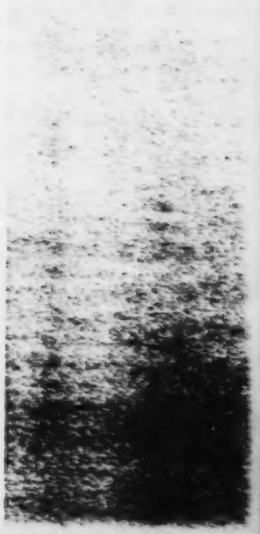
For specialized medical services, residents are normally transferred to hospitals in London or Toronto.

In 1988, Bruce County hired a full-time co-ordinator to provide information and referrals to local seniors and facilitate local service delivery.

Recent surveys indicate that approximately one-third of seniors in the county paid more than 30 per cent of their income on rental housing, this being the result of a shortage of low income or rent-geared-to-income housing.

The Grey-Bruce consultations in Markdale on November 21 and 22, 1990, produced a substantial body of information affecting a wide range of issues of concern to seniors in rural and small communities and to social service providers. Highlights follow:

- The Beaver Valley Outreach reported on its range of volunteer community support programs, as well as issues of medical service, transportation and affordable housing;
- The Bruce County Social Services Department provided a thorough review of social service issues affecting seniors, including planning, policy, program, organizational and funding concerns;
- The Bruce-Grey-Owen Sound Health Unit submitted proposals on the need for improved dental services;
- The Sean-Lee Community Nursing Agency outlined its services and proposals for holistic care, including the need for subsidized foot care;
- The Grey-Bruce Home Care Program provided materials produced by case managers, including insight into issues of transportation, isolation, socialization and gaps in service;
- The Grey County Homes for the Aged outlined concerns relating primarily to the need for advocacy for vulnerable adults;
- The Grey-Owen Sound Social and Family Services undertook a helpful review of the issues raised by seniors' organizations, including information on volunteerism, funding, peer counselling, supportive housing and inter-governmental relations;
- The Kincardine Community Services Association outlined its variety of programs, services and member interests, as well as its experiences in direct service provision;
- McKeeva Health Care described its services, citing concerns related to supportive housing, shopping facilities, telephone service, transportation and government funding;
- South-East Grey Community Outreach provided insight into a variety of aspects of rural service delivery;
- The VON Community Support Services for seniors submitted case study materials on the development of community support in rural areas, covering issues such as distance, climate, access to programs and workers, and local attitudes and values.



District of Kenora

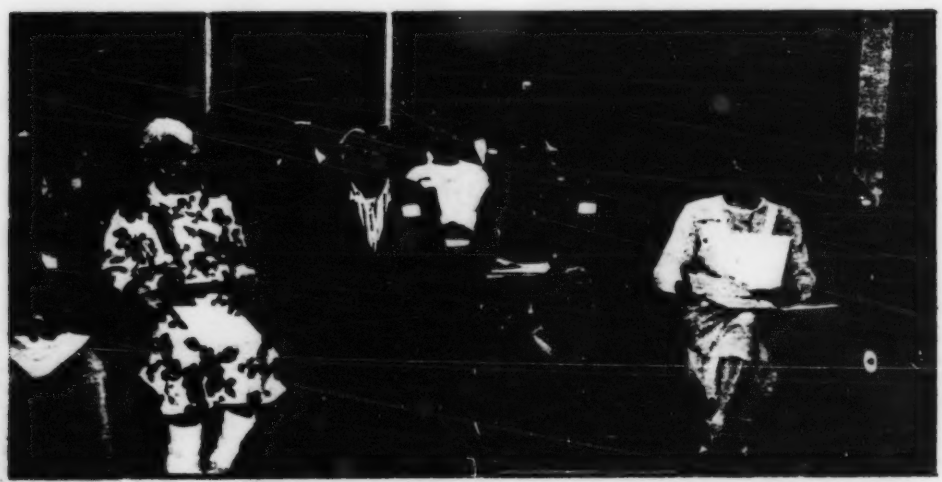
About nine per cent of the District of Kenora's 61,000 residents are senior citizens. While the population is aging at a rate slightly slower than the provincial average, these widely dispersed rural residents present unique challenges in terms of the delivery of services.

Historically, development in the District of Kenora focused on mines and forests and on the towns which serviced these natural resource industries. The district is comprised of five towns, eight townships, and remote unorganized territories. With a population of approximately 9,400, the Town of Kenora is the largest urban centre. More than 150 First Nation communities are located in the district; some are accessible only by air.

Demographic projections indicate a rate of population growth at roughly half the provincial rate; all longer-term projections rely in large part on the economic health and productivity of the natural resource sector.

This sector supports mining, forestry and related industries such as the processing and manufacturing of pulp and newsprint. In total, these products account for manufactured goods worth more than $2 billion annually.

In addition, tourism is playing an increasingly important role in the local economy. Every year, more than one million visitors enjoy the rugged and picturesque wilderness, as well as hunting, fishing and boating.



Seniors and service providers from as far away as Atikokan and Red Lake attended the Council's consultation meeting in Dryden.

The district's only nursing home is in Kenora, and contains 76 extended care and residential beds. The only home for the aged is also located in Kenora, with 131 extended care beds. Facilities at the Patricia Gardens Minimal Care Home in Dryden include 64 residential care beds and 52 apartment units. Residents requiring heavier care are served by the extended care facility in Kenora.

The district is served by two small community hospitals in Red Lake and Sioux Lookout. The latter is a zone hospital which operates a network of nursing stations and clinics throughout the North.

District hospitals in Kenora and Dryden offer a wider range of care; specialists from Winnipeg and Thunder Bay normally visit at intervals of four to six weeks. Patients requiring specialized care are transferred to hospitals in Winnipeg or Thunder Bay. All hospitals in the North continue to experience difficulty in recruiting and retaining medical and therapy staff.

Home support programs operate in Kenora, Dryden, Red Lake and Sioux Lookout. Community-based services include meals on wheels; meals to wheels; day care; home maintenance; telephone assurance; foot care; information and referrals; automated emergency response; respite care and transportation.

There are 24 provincially and municipally funded home support programs serving First Nation communities. Most offer wood chopping and water hauling services required by elders as well as some meal preparation and home maintenance.

Council's hearings in Dryden on February 5 and 6, 1991, produced very helpful insight into the experiences and needs of seniors in rural, northern communities. Highlights follow:

- The Atikokan General Hospital provided an instructive report on its services to seniors and identified community needs in co-ordination of activities and recreation planning;
- The Dryden Extended Care Organization submitted a presentation on the need for a long-term care facility in Dryden, including related issues of travel and respite care;
- The Native Homemaker Program provided a useful description of living conditions in northern native communities;

- The Northwestern Home Care Program provided information on needs in North Western Ontario; issues of concern included gaps in service, transportation, and housing supply and suitability;

- Patricia Gardens Minimal Home Care presented an assessment of community-based long-term care in the Dryden catchment area including related issues of travel and respite care;

- The Rainy River District Home support program provided a helpful description of its local services.

Hastings County

Hastings County is one of the largest counties in eastern Ontario. Situated between Peterborough and Kingston, the county has a total population of 106,240 (1988).

Just under half of the population is concentrated in the southern cities of Belleville and Trenton and their adjacent areas. A low-density rural population is scattered among eight towns and villages and 19 townships in the central and northern portions of the county.

The rural population of Hastings County has declined slightly during the 1980s while population in both the urban and urban fringe areas have increased.

In the combined Counties of Hastings and Prince Edward, seniors 65 to 74 years represent 8.4 per cent of the population; those 75 years or more represent 5.5 per cent. Both figures exceed provincial averages.

There are more than 18,000 seniors living in the two counties—approximately one third of whom reside in rural areas.

Historically, Hastings County has had a strong agricultural heritage, focused primarily on dairy farming. While agricultural productivity has been limited by factors such as soil quality and climate, the region nonetheless provides useful insight into current issues facing the family farm and senior farmers in particular.

Council's selection of Hastings County as a consultation site was undertaken for this very purpose; submissions made in Ivanhoe on December 19, 1991, were reviewed along with other eastern Ontario representations made in Toronto on March 5 and 6, 1991.

Seniors in Hastings County are served by two homes for the aged. Hastings Manor in Belleville provides 256 beds; the Hastings Centennial Manor in Bancroft has 104

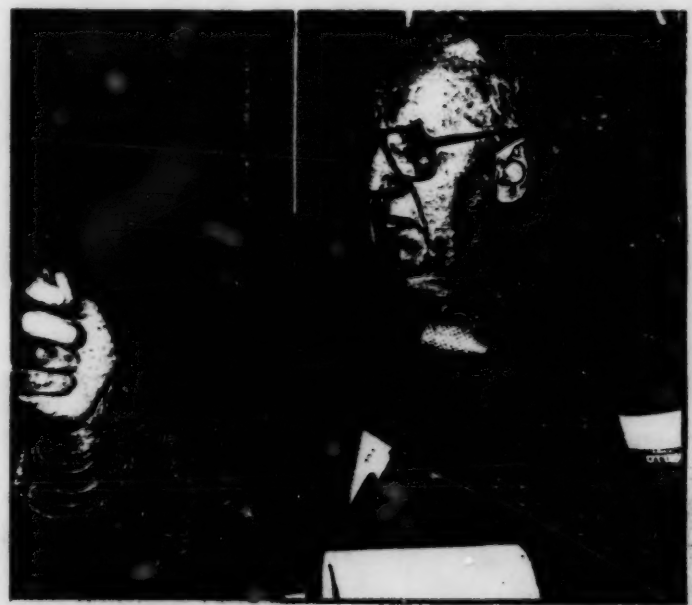
beds. Nursing home and retirement home services are provided largely in the southern portion of the county; in the Trenton and Belleville areas in particular.

Three community hospitals serve the county—Belleville General Hospital, Trenton Memorial Hospital and Prince Edward County Hospital. A total of 672 hospital beds are available, including 452 acute, 162 chronic and 40 psychiatric beds.

The concerns expressed by seniors, senior farmers and service providers in Hastings County have relevance across many farming communities in Ontario. At a general level, Council heard concerns about the financial and health-related pressures on senior farmers to leave their homes, and about the low level of home support services to counteract these pressures. In addition, concerns were expressed over the personal and family impact of isolation, particularly among senior farm women.

Council heard that social service agencies experience difficulties in reaching out to farm seniors, many of whom are unaware of existing services or unwilling to allow a reliance on others. Service providers indicated that in some farming regions, seniors received no services of any kind.

As was the case in other regions, Council also heard of the shortage of funding for rural community services such as transportation and centralized community-based health care.



Forty years a dairy farmer in Eastern Ontario, Roy Chatten makes his point at Council's consultation meeting in Ivanhoe: "The roads in the area are good but seniors have to be able to drive because there is no public transportation."

Consultation highlights follow:

- The Centre Hastings Support Network outlined its services to seniors in the Madoc, Stirling and Marmora areas, and highlighted the significant gaps in service to farm seniors;

- The agricultural representative of the Ontario Ministry of Agriculture and Food described the farming business cycle, and financial options available to retiring farmers;

- The Hastings and Prince Edward County Public Health Unit described its services, including its "focus team" approach and the homemaking, transportation, information and mental health needs of senior farmers;

- Community Care for seniors in Prince Edward County outlined a number of residential, health care and service delivery issues and solutions based on 25,000 annual service calls from rural seniors in Prince Edward County;

- The Frankford and District Senior Citizens described both community issues and needs, as did the Cherry Valley and Bloomfield Women's Institutes, the Second Thurlow Senior Citizens' Club and the Tyendinaga Seniors' Club;

- Representatives of Tweed and District Community Care and the Tweed and District Community Health Centre described their programs and services, as well as plans for a new community health centre in Tweed;

- The Hastings and Prince Edward Council on Aging outlined its current studies, seminars, forums, directories and activities of concern to rural seniors.

ATTITUDES

"Small is better! Life is at a more leisurely pace, people are more friendly and helpful. We don't depend on theatres or movies for entertainment—we make our own and entertain each other."— a 72-year-old single senior from Almonte.

In the Summer, 1990, issue of Council's **Especially for Seniors** newspaper, readers were invited to write and share their personal attitudes and experiences on the quality of life in small town and rural Ontario.

All letters demonstrated strongly-held views on the issues at hand: most provided insight into both the positive and negative characteristics of small town and rural living.

Just over one-third of the respondents were from Northern Ontario. The remaining two-thirds originated from locations evenly distributed among the western, central and eastern regions of the province.

Overall, the comments reflect two streams of opinion. On one hand, rural seniors share a common set of concerns typical of most Ontarians. These include the quality of Ontario's environment, the cost of living and the quality and cost of housing.

On the other hand, respondents identified issues of particular significance to retirees and older people, including personal mobility, social opportunities and access to postal and other community services and facilities.

Positive Responses

Among favourable responses, attitudes of friendliness, hospitality and community support were the most frequently cited. These represented almost one-quarter of all favourable responses and were typified by the comment above.

Similar sentiments of friendliness in rural and small communities in Ontario were expressed by those having had recent urban experiences. Wrote a senior couple from Eastern Ontario: "We have made more friends in the two years we've been here than in all the previous years we lived in cities."

A couple who recently traded a lifetime of urban living for rural farming wrote:

"There are lots of activities in the country, perhaps more than we had ever expected to encounter. People seem to create activities just to get together."

Friendliness and hospitality are also seen as valuable and important characteristics of immediate neighbours. A single woman from Geraldton expressed it directly: "I like a small community because you know your neighbours." A single senior from South Porcupine offered the eloquent testimony that "small, isolated communities are made up of lasting friendships—a very special commodity."

Issues of natural beauty and environmental serenity were frequently mentioned, (17 per cent of positive responses) and especially by a single cabin-dweller near Bancroft:

"The scenery here is so beautiful every season of the year, and I love my comfy cabin. I'm very lucky!... I have a hearing aid to wear sometimes, except a mouse took it a few weeks ago."

According to a senior from Orton, the impact of natural beauty can itself promote a peaceful quality of living. She wrote: "There seems to be more expanse of sky, more trees... less reason to make haste, more reason for friendliness."

Also mentioned as favourable responses were characteristics of small town and rural living that permitted walking; freedom from traffic; relaxed pace of life; cleanliness; and perceptions of improved public safety, lower rates of taxation and lower costs for housing.

Negative Responses

Retired respondents had definite attitudes on issues most likely to create difficulty in their daily lives. In fact, a remarkable 47 per cent of negative respondents had problems with regional transportation. These focused primarily on the lack of access to public transportation, including bus and rail service, and on the unavailability or high cost of taxi service.

"I would have to take a taxi to Timmins to board a bus, which would take me to Porquis Junction, where I would board a train for Toronto. I would have to stay in Toronto overnight and go on to Trenton the following day... There must be a better way to run a railroad."—An 87-year-old Northern Ontario senior trying to visit her daughter in Trenton, Ontario.

Secondary respondent concerns had to do with the quality of local services, and especially home postal service. Wrote a retired senior living outside Parry Sound: "We have to get our mail from an unlocked rural mail box a mile down the road. In winter time, snow must be cleared around the mail box, which means we have to load the snowblower on the truck. Twice on, twice off. For elderly people with arthritis it becomes an endurance test."

Difficulties in obtaining services from trades people such as plumbers and electricians as well as medical, social and recreational services were mentioned.

Loneliness also surfaced as an important issue of concern, and in poignant and telling messages. Wrote a senior: "I still miss my husband of 38 years. He died of cancer eight years ago. You never really get over the loneliness although you have to make a new life for yourself and carry on."

A 79-year-old man from Belgrave wrote: "Where I live it is as dead as a doornail for me as I have no wife, no family of any kind. Most of the people around me are so closed that they do not know that I am here. I have been seeking a companion but nothing has happened as yet."

In reference to the loneliness of the elderly generally, a senior writes: "Quite often it's too late to listen, to understand. Listen to the silence and one might learn something."

Questions of analytical accuracy will accompany any generalizations drawn from personal opinions. Nonetheless, the overall tenor of the reader responses does include a measure of positive, if guarded, optimism, which is well represented in the words of a single woman from Eastern Ontario. She wrote:

"I like living rurally, but also miss living in town where everything was handy and on the go. Wherever you live, enjoy it! That's my motto."

"We have to get our mail from an unlocked rural mail box a mile down the road. In winter time, snow must be cleared around the mail box, which means we have to load the snowblower on the truck. Twice on, twice off. For elderly people with arthritis it becomes an endurance test."—A retired senior from the Parry Sound area.

ISSUES

Transportation

"As for public or para transit after 6 p.m., forget it. Take a cab if you don't have wheels of your own, which I don't."—a senior from Woodstock.

As was the case with the Woodstock senior quoted above, transportation issues represented the single most important concern among respondents to Council's **Especially for Seniors** survey of the rural elderly in 1990. Overall, almost half of all negative comments received in the survey had to do with transportation issues such as the lack of bus and rail service, and the unavailability or cost of taxi service

The total lack of public transportation in and between many communities was also the most frequently raised issue in all the public consultation meetings.

In its 1987 report on transportation undertaken with the Ontario Advisory Council on the Physically Handicapped—**The Freedom to Move is Life Itself**—Council presented 56 recommendations, many of which had to do with rural transportation. Council remains committed to those recommendations and its position that accessible and usable transportation services must be viewed as a fundamental and universal right of all citizens.

Key elements of the vision of transportation provided by the two Councils include accessibility and integration; not just increased mobility. In other words, transportation should be designed to serve everyone in the community.

Largely as a result of the public discussion that followed the release of **The Freedom to Move is Life Itself**, Ontario has done much to improve its transportation services for persons with disabilities.

Whereas in 1987 only 55 specialized transit systems were operating, 138 municipalities now provide such services with financial assistance from the Ministry of Transportation. Of those systems 52 are in rural areas or communities with a population of less than 10,000.

The accessibility of vehicles, stations and airports has also improved greatly. Thirty-one communities now have accessible taxis,

again with funding assistance from the province, which is also looking at the possibility of assisting car rental agencies to offer accessible vehicles.

However, there is no doubt that Ontario is finding it challenging to develop services outside urban areas. The solutions appear to be: the adaptation of basic urban systems to meet the unique needs of a particular community or region in the province; changes in the legislation under which the Ministry of Transportation operates (the Highway Traffic Act) to facilitate the flow of funding to local organizations or unorganized areas of the province; and, the development of computer programs to help smaller systems improve their scheduling and efficiency.

During its regional consultations, Council was again impressed with the variety of local, informal transportation services for seniors and the ingenuity of their originators and operators. Some local services involved subsidization by the local grocery store; some make after-hours use of school buses; others are organized by local merchants, churches, service clubs and private business.

Volunteer drivers in Haliburton receive nine cents per kilometre towards their costs but a local service in North Hastings, partially funded by the Ontario Ministry of Community and Social Services pays volunteers 23 cents per kilometre.

The discrepancy in the rates paid to volunteer drivers causes difficulties. Council feels it would be helpful if ministries providing funds to organizations using volunteer drivers set one rate to be paid for such services. This should be used by all ministries and reviewed on an annual basis as part of the budget process.

The range of services provided in Grey-Bruce includes the Bruce, Grey, Huron Disability Transportation Corporation, which transports elderly persons, at partial cost to the user, for various purposes; the Durham-Hanover Volunteer Medical Drivers Service, transporting seniors for long-distance medical appointments at cost if the user can afford to pay; Wheelchair Transit, a service for persons with disabilities which transports seniors for various purposes at partial cost to the user; Kincardine Community Services Association operates a volunteer driver's service for various purposes; and Flesherton, and Markdale have recently set up a volunteer medical drivers service for long distance medical appointments, at cost if the user can afford to pay. South East Grey Community Outreach has a new volunteer drivers service for medical and non-medical transportation.

While local initiatives are admirable, the lack of a co-ordinated approach to transportation for rural residents denies accessibility to services, results in inefficient use of scarce resources and often leads to duplication of effort.

To keep her independence Billie Savage of Owen Sound enrolled in a seniors' driving course. Constable Allan Hay helps her brush up on the rules of the road.

Council continues to support the development of transportation on a regional basis, where appropriate, and feels that the provision of accessible inter-city bus service, to which the less formal local systems could be linked, would be of great assistance to many rural residents.

Such services would require negotiation between provincial and federal authorities and bus companies regarding licensing and routing. Given the reduction in VIA Rail services, Council believes it is now time for the province to show leadership in facilitating improved and accessible inter-city bus service.

Council heard of the need for transportation services in each of the regions it visited. Among the most pressing of these needs among rural seniors were: information about existing transportation; the need to clarify the legal liability of volunteer drivers for insurance purposes; the need for co-ordination of existing transportation services, and the cost of using rural taxi services to reach distant facilities.

At all its public consultations, Council was able to advise volunteer drivers that they should write directly to the company issuing their car insurance policy. They should advise that they are using their vehicle to provide volunteer trans-

portation and request written confirmation from the company of any effects this may have on their existing policy.

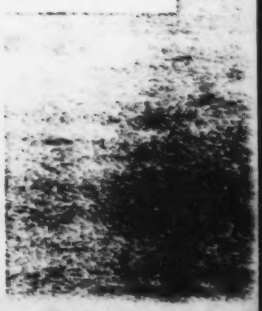
In preparing its recommendations, Council notes the strong dependence on the private automobile in rural and small communities. For example, the National Advisory Council on Aging reports that 63 per cent of Canadian men over 65, own a car or a truck, while 33 per cent of senior women are car or truck owners. (1986)[6]

Undoubtedly more women will hold driver's licences in the future, but at present senior women living alone in rural Ontario, many of whom never learned to drive, are the most seriously disadvantaged by a lack of public transportation. They are also at greatest risk of losing their independence as a result of their inability to get around.

The requirement that persons aged 80 and older pass an annual driver examination discourages some seniors from even taking the test. Council heard suggestions to improve both the testing procedures and the licensing regulations. Among other things, improved sensitivity training for those administering driving tests to seniors was recommended, as were: the issuance of licences restricting certain drivers to a limited area around their residence during certain hours; the promotion of locally organized driver refresher courses—using seniors as instructors—similar to the courses given by the Safety Council of Canada.

Council urges government to continue to support the development of accessible transportation in rural Ontario, recognizing it as a particular need of seniors who want to retain their independence.

" The 80-plus drivers test intimidates many seniors. We need the test, but let's change the approach to ensure that seniors remain mobile"
— President, Haliburton Seniors' Club.



WE RECOMMEND:

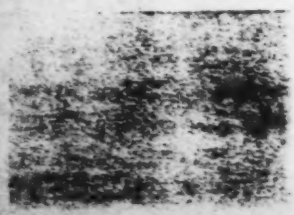
❑ *That the Ministry of Transportation continue to give urgent attention to providing accessible and co-ordinated transportation in rural and small communities.*

❑ *That the Ministry of Transportation take all necessary steps including a review of the Highway Traffic Act, in order to make the changes necessary to enable funds to flow to a variety of organized groups willing to provide co-ordinated and accessible transportation in a rural area.*

❑ *That the Ministry of Transportation bring together representatives of all levels of government and inter-city/inter-provincial bus companies to provide bus service in rural areas.*

❑ *That the Ministry of Community and Social Services set a province-wide rate of reimbursement per kilometre to volunteers who drive their own vehicle for agencies funded by the province.*

"I would have to take a taxi to Timmins to board a bus, which would take me to Porquis Junction, where I would board a train for Toronto. I would have to stay in Toronto overnight and go on to Trenton the following day... There must be a better way to run a railroad."— an 87-year-old Northern Ontario senior trying to visit her daughter in Trenton.



Health Care

"We feel well served by our hospitals."—a senior volunteer in Bruce County.

Throughout all Council's consultations, there was public agreement on the overwhelming importance of good health as a determining factor in the quality of life of Ontario's seniors.

Many needs assessments associated with the province's redirection of long-term care have been done in different parts of the province by different organizations, such as district health councils and regional governments. Council heard very clearly that people are now looking for feedback and action on the recommendations arising from such assessments. Those people anticipate that action will be designed to respond to the pressures of the differing health needs of communities, which they recognize can only increase as the population ages.

The increasing cost of health care is a concern to many seniors. The National Advisory Council on Aging has recently reported on increasing costs as they affect seniors and on the unusually high number of medical visits made by seniors with lower income.[7]

Canadian senior couples spent an average of 2.4 per cent of income on health care in 1986, compared with a national average for couples of 1.9 per cent of income. (Health care includes medicine, pharmaceuticals, glasses, dental service and premiums). Furthermore, Canadian seniors with incomes of less than $15,000, annually visiting a doctor 10 times or more in 1985, represented 27 per cent of all seniors; those with higher incomes ($15,000 - $25,000) visited less frequently (18 per cent of all seniors).

Health care and costs associated with aging generally, did not emerge as significant issues in Council's **Especially for Seniors** survey. Those respondents may indeed view issues such as income security, transportation or home maintenance as having greater importance in their daily lives; some may have high levels of satisfaction with their current level and quality of health care—as did the Bruce County volunteer quoted above.

During public consultations, however, many seniors said they were concerned not only about health care costs but also about their inability to find a local physician, especially one with geriatric training. In order to obtain medical or long-term care services, seniors, and especially those living on a farm, often have to leave friends and family and move to a larger centre. Council heard of the resulting loneliness for seniors and the stress experienced by family members.

The Ontario Medical Association (OMA) has looked at ways of providing health care professionals in rural and small communities with additional geriatric training. It would like to see regional geriatric centres fulfil this role on a consistent basis. This training would be in addition to the special seminars on rural geriatric networking that are now available to physicians through the OMA.

Marie Wiebe of Vermilion Bay shows JoAnne Fillmore, past chair of the Council, some new equipment just purchased for the local health clinic.

The Ministry of Health has a program to encourage physicians to locate in under-serviced areas and some remote communities also offer incentives in order to obtain medical services for their residents.

In addition, McMaster and Queen's universities send medical students on rotations to health care facilities in the Far North. Council would encourage more medical schools to adopt this policy, rather than require students to complete their full rotation at an urban hospital affiliated with the university.

Council heard support for regional and community health centres and notes that many smaller communities, through their remarkable fund-raising activities, have a sense of ownership and familiarity with their local hospitals and institutions.

In addition, Council observed that informal networks providing health care through volunteers—while not always as comprehensive or professional as formal networks—are highly valued by many rural seniors. For example, palliative care teams offer invaluable assistance to seniors and their families. Many members of such teams are, in fact, community volunteers with the ability to respond to multicultural needs.

Additional health issues unique to rural Ontario require specific attention. For example, retirees from the city are placing an increasing demand on all services. This is especially true in rural recreational areas where there are increasing demands on limited chronic care facilities.

Large retirement communities built in rural areas or near small communities present similar problems: they increase the demand for local health care services and stretch existing resources.

Finally, any focus on health care planning must include consideration of the need for supportive housing, home care and home support services, typically in short supply in rural settings.

Council continues to support local health care for seniors, including the concept of wellness; a focus on preventative medicine; the provision of psychogeriatric care; the promotion of independence through provision of increased home care and home support; the redirection of long-term care; and the delivery of services such as palliative and respite care in the home, if required, on a 24-hour basis.

WE RECOMMEND:

❑ *That in the government's redirection of long-term care that the Ministry of Health and the Ministry of Community and Social Services:*

- *remain focused on the principles which support personal independence.*
- *recognize the right of all seniors to equitable access to services and provide a range of home support and home care programs.*
- *establish new programs and improve support for existing programs providing rural respite care, palliative care and psychogeriatric services.*
- *prepare guidelines for health care services necessary to serve existing and future large-scale retirement communities located in rural areas.*
- *provide feedback to those rural communities which participated in needs assessments and consultation.*

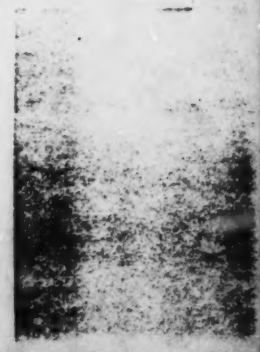
❑ *That the Ministry of Health's Regional Geriatric Centres be required, on a consistent basis, to provide continuing education in geriatric care for health professionals, located in rural and small communities.*

❑ *That the Ministry of Health continue to promote its Underserviced Areas Program to those physicians who have a particular interest in geriatric practice, encouraging them to locate in rural and remote areas.*

❑ *That all Ontario medical schools adopt the policy of encouraging students to go on rotations to health care facilities in the Far North and in rural communities before completing their medical studies.*

"The most common problem I see is loneliness and isolation. I may be the only health professional they see in a week. Many seniors have forgotten how to socialize"
—a Dryden hospital counsellor.

"In some northern communities, the percentage of men is quite high. When independent men involved in lumbering or mining are used to living alone, there can be real stress in moving into a home"—a Dryden health care planner.



Income

" Where is the dignity in living a marginal existence in a future fraught with financial worries, through no fault of our own?"—
Mona Dier a senior from the Smiths Falls area.

In the fall of 1990, some 130 women attended a conference on older rural women in Smiths Falls. The single greatest fear they associated with growing older had to do with finances and income. The question posed by keynote speaker Mona Dier, quoted above, typified a concern common of many seniors—men and women—across Ontario.

Insecurity associated with the income and taxation of the rural elderly was also a characteristic common to each of Council's consultation meetings on rural aging. It was also a frequently mentioned topic in the **Especially For Seniors** survey. The well-being of single senior women, including those 60-64 years of age, was of greatest concern.

A substantial portion of seniors' incomes in Ontario comes from federal Old Age Security (OAS) and Guaranteed Income Supplement (GIS) and the Ontario Guaranteed Annual Income System (GAINS). In December, 1990, approximately 1.1 million seniors received full OAS and 13,500 received partial OAS.[8] In June, 1991, approximately 31 per cent, or 366,000 seniors, received GIS and approximately 10 per cent, or 122,000 seniors, also qualified for GAINS.

While standards of poverty are necessarily arbitrary and require subjective judgements, the following facts are helpful. Single seniors in Ontario eligible for a base income supplement comprising GAINS, GIS and OAS received $10,799 in 1991. A couple received $17,892. The Statistics Canada cut-off level, informally referred to as the rural poverty line, is $10,177 for a single person (October 1991).

Council is concerned that the difference between the guaranteed income of a single person and the rural poverty line is only $623 per annum or $52 per month. For example, in surveying the health and social service needs of 250

Bruce County seniors in 1988, theBruce County Social Services Department reported that over a third—36 per cent—had incomes below that required to qualify for the Ontario income supplement.[9]

Seniors who have contributed to the Canada Pension Plan (CPP) are eligible to receive a pension as early as age 60. However, rural women frequently work in the home and on the farm without ever receiving a wage. These women are among the province's many senior citizens who were never able to contribute to the Canada Pension Plan and consequently receive no benefits. As one presenter said, "the pension is the farm", and, in an industry where the major asset, the farm, is often passed from generation to generation, farm families have been more inclined to re-invest in land than in pensions.

Irene Pedlar of Markdale likes the fact that she can walk to the grocery store and the bank.

Council heard considerable concern from service providers about the low income of single people, mostly women. If a woman is divorced, separated or never married, they do not qualify for a spousal allowance from Canada Pension Plan. Council believes that the hardship of living on a small income is compounded for older rural women by such factors as a lack of public transportation.

Council was told that some needy and lonely seniors in rural Ontario are not receiving all the income to which they are entitled. Council believes that local radio and television could be used by government to improve communication with rural seniors, especially about income-related programs.

Service providers also pointed out that the difficulties of those living at or near the poverty line must be considered in the context of the incidence of loneliness and isolation; additional costs of transportation; and a shortage of subsidized housing.

Costs of transportation, for example, are typically higher in rural communities as a result of increased travel distances; lack of public transportation; and the need to ensure independence by maintaining a car for as long as possible. In 1986, Canada's seniors spent more than 16 per cent of their income on transportation—compared with 13 per cent for all Canadians.[10]

A substantial portion of expenditures by seniors goes to housing. Single senior women in Canada allocated 29 per cent and single senior men 24 per cent of their total expenditure to shelter in 1986, representing by far the largest single category of expenditure. This is also the case for senior couples, who had a shelter expenditure level of 18 per cent. Nationally, the comparable level for all Canadian families was 16 per cent.[11]

Rental costs in rural areas can be expensive for retiring seniors. There are often few vacancies, which serves to keep rents high, and Council was told that very few subsidized, or rent-geared-to-income, apartments are being built.

At a time when there is much talk of the costs associated with providing for an aging society, it is appropriate to note that 1.2 million Canadian seniors paid personal income tax in 1988,[12] representing 11 per cent of all taxpayers. They contributed almost $5.4 billion in revenue.

Equity in a home or farm represents a measure of security for many rural seniors but it does not provide cash flow and is typically unavailable for this purpose until the property is sold.

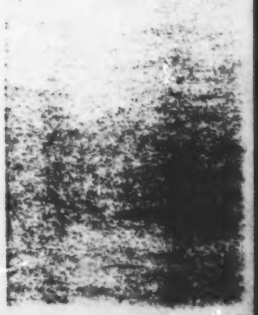
Farm groups have expressed concern about the future of the family farm. If the farm fails, young farmers may not be able to honour financial agreements made with retiring members of their families. Seniors are financially very vulnerable in these circumstances.

Farm seniors often move to a small community in order to be closer to support services. However, property taxes often impose hardships. Council heard that some seniors would like to be relieved of the education portion of their tax bill.

Other economic pressures are also at work. For example, perceptions of the relative wealth of retiring residents from the city may mask the economic problems of long-time residents. There is also the possibility that resource-based incomes which fluctuate seasonally may camouflage needs. Physical isolation can have the same effect.

Since many of today's seniors grew up during the Depression, they are understandably reluctant to use credit. They strive to remain debt-free.

Council was told that some needy and lonely seniors in rural Ontario are not receiving all the income to which they are entitled.



WE RECOMMEND:

- *That the Treasurer of Ontario direct the Fair Tax Commission, in fulfilling its mandate, to review taxation policies as they affect all senior citizens of the province, with particular attention paid to rural and small communities*

- *That the Ministry of Revenue review and report on the adequacy of the property tax grant program for seniors, with a view to strengthening the relationship between annual tax increases and annual grant increases.*

- *That the Ministry of Citizenship's Office for Seniors' Issues, together with the Ministry of Revenue and the Ontario Women's Directorate, undertake a detailed survey of the income status of senior farm and rural women.*

- *That the Ministry of Citizenship's Office for Seniors' Issues, together with the Ministry of Community and Social Services and the Ministry of Revenue, review and report on the extent to which income-related programs and services of government are understood and used by rural seniors.*

- *That the Ministry of Citizenship's Office for Seniors' Issues develop and implement a multimedia communications strategy, in a range of languages, in order to inform seniors in rural and small communities about income-related programs.*

Housing

"... The powers that be decided that it (residential building) should be built on the outskirts of town, as far from stores, post office and doctor and churches as could be possible... the older person is made to feel that you are certainly put out to pasture."
—a retired senior from Bothwell.

Issues of housing affordability, accessibility, suitability, maintenance and location remain important and persistent concerns for many seniors in small communities and rural areas, including the senior from Bothwell, whose response to Council's 1990 rural aging survey is cited above.

In addition to providing shelter, housing represents positive measures of status to seniors, such as comfort, safety, permanence, pride, security, and family. On the other hand, seniors who live in their own homes worry about personal security, utility costs, and maintenance.

Overall, home ownership in rural and smaller communities in Ontario is high. Approximately 70 per cent of rural seniors own their own homes, a level higher than the provincial average. However the rate of home ownership among rural seniors 75 years of age and older falls below the provincial average.[13]

Ontario's rural housing is characterized by a lack of accommodation for people who need something between the single family dwelling and the residential institution. Subsidized or supportive forms of housing remain scarce in rural areas, where low population densities have discouraged private developers.[14]

The complexity of the planning process also tends to discourage community groups from building housing with on-site services—usually referred to as supportive housing—in rural areas. Given their small tax base, municipalities are always concerned about the demands such housing will place on local services.

While a limited range of housing options may, in effect, maintain the independence of seniors by forcing them to remain in their own homes until institutionalization is absolutely necessary, it also represents a simple absence of choice.

For example, in their 1989 survey of needs, the Whitefish River First Nation found that 86 per cent of senior residents considered improved housing options a great need. In Frontenac County, there is only one building to serve the needs of seniors in eight townships. A 1985 study by the United Senior Citizens of Ontario for the Minister of Senior Citizens' Affairs found that 73 per cent of rural respondents favoured a sheltered housing option.

The limited range of housing available to rural seniors may even mean that those requiring services but still capable of independent living may have no choice but to move into an institution. Furthermore, the demand on these limited resources is likely to increase substantially as the aging of the population proceeds.

Council received many submissions having to do with the availability and cost of home maintenance. In particular, residents in recreational areas spoke of difficulties in obtaining the services of contractors who find it financially more rewarding to cater to the needs of tourists and seasonal residents.

Maintenance and renovation costs are often too high for many seniors. Some also find it difficult to select and supervise a contractor. Senior women, in particular, find home maintenance or renovation a problem. Older family homes, which tend to be larger, are often occupied by single men or women as last survivors of a family. These homes can be difficult to renovate into smaller, accessible units and tend to deteriorate and become unsafe because of the owner's inability to maintain the property.

Substantial concern was also expressed over the development and location of subsidized housing. Not only are seniors' apartments in short supply, but they have frequently been built on less expensive sites away from shopping and services. Such planning represents an unacceptable view of aging making seniors feel, as the senior from Bothwell said, "... put out to pasture".

Similar concerns have accompanied the development of a variety of large retirement communities aimed exclusively at the seniors' market, and out-of-region purchasers in particular. Such developments appeal to many recent retirees, since they are usually built close to water and offer recreational activities.

Problems arise, however, when residents require health and support services which are not provided by the developers. New residents must travel considerable distances in some cases to reach hospitals and services, and these facilities usually

become overburdened because they were not designed to meet needs beyond those of local residents.

There is also the difficulty that since many residents in retirement communities are of a similar age, local service providers are faced with planning for a probable surge in demands for service.

Council also heard of concerns about lack of long-term care beds and, in particular, about the lack of such care outside larger communities. It is Council's view that smaller facilities could meet local needs very well. This option would also reduce the stress in a family when, as at present, seniors must move sometimes considerable distances in order to receive the care they need.

Council supports the efforts of the Ontario Commission of Inquiry Into Unregulated Residential Accommodation. Council has submitted its comments on the need for the regulation of rest and retirement homes in Ontario, including systems for their registration, accreditation, inspection and self-regulation, and for minimum standards of accommodation and care.

Annie Foster of Markdale gets picked up right at her front door for a doctor's appointment in Owen Sound by volunteer driver, Elmer Brandt.

WE RECOMMEND:

❑ *That the Ministry of Housing, in determining its social housing allocations, increase specific regional targets and allocations for senior units in rural and small communities in Ontario.*

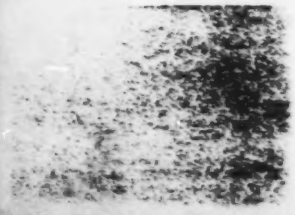
❑ *That in the government's redirection of long-term care that the Ministry of Health and the Ministry of Community and Social Services make every effort to increase the range of supportive housing for rural seniors. Such initiatives should be undertaken in conjunction with the Ministry of Housing.*

❑ *That the Ministry of Citizenship's Office for Seniors' Issues design a pilot project aimed at helping rural seniors in maintaining their homes. Such a pilot project should include the following components: on-site assessment of need; identification and co-ordination of local contractor services; public notice and advertisement; and financial advice as necessary.*

❑ *That the Ministry of Municipal Affairs provide greater focus on requirements for the provision of access to health and social services needed by residents of large retirement communities.*

❑ *That rural municipalities be required to place greater emphasis on the need for community integration and the avoidance of isolation in their review of development applications for seniors' housing, and that the co-ordinated provision of quality social services serve as a conditional requirement in any such review.*

"Take a man who's lived his whole life on a farm or with the earth, put him in a little square box in town and he'll be dead in two months."—a Hastings County senior.



Communications

"After you work for a lifetime, you tell yourself that the first thing you're going to do is sleep for a month. That usually lasts for only a day or two, and you've got to start communicating again."
—a Prince Edward County senior.

Council heard many complaints about changes in mail services and the cost and accessibility of telephone services.

By abandoning mail delivery in rural areas, Canada Post Corporation has caused considerable problems for seniors. Many cannot get to their mail in "super" mailboxes either because they don't drive or because of bad weather. Their sense of community has been weakened by the closing of many rural post offices, where social contacts used to be made.

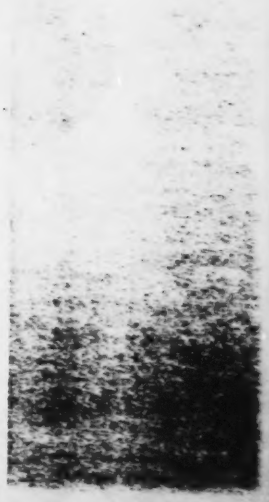
Another concern centres around the long-distance charges incurred by residents in areas where multiple telephone exchanges exist. Council heard of neighbours living within sight of each other who must pay long-distance charges if they want to speak on the telephone.

Council was also told that some seniors put off calling a service providing for fear of incurring long distances charges.

An example of this is the County of Frontenac, which has 13,680 seniors using 11 telephone exchanges.

In many rural areas, party lines exist where two or more homes share one telephone line. Unfortunately for senior citizens, such lines are not compatible with emergency response systems which allow quick access to help.

All these factors contribute to the loneliness and feelings of isolation which were so often mentioned during the Council's public hearings. So much of the information needed by seniors—pension cheques, tax forms and grant applications, notification of license renewals, contact with distant family, to mention but a few—comes through the mail. To make mail collection a hardship seems counter-productive when the thrust of government programs is to encourage seniors' to remain independent.



WE RECOMMEND:

❑ *That seniors' organizations encourage seniors across the province to write to Canada Post urging it to abandon its plans to close rural post offices; to reconsider its rural super box program; and to reinstate rural postal services.*

❑ *That the Ministry of Municipal Affairs urge rural municipalities to clear snow and ice promptly from all pedestrian areas around super mailboxes.*

❑ *That the Ministry of Culture and Communications and the Ontario Telephone Service Commission examine the issue of multiple exchanges and long distance charges for residential customers in rural Ontario, with a view to having them reduced.*

With no more rural postage service in his area, Stan Haigh of R. R.# 4 Flesherton has to come to a super box to get his mail.

Community Services

"Where I live it is as dead as a doornail for me as I have no wife, no family of any kind... most of the people around me are so closed that they do not know that I am here ... I have been seeking a companion but nothing has happened as yet."
—a 79-year-old senior from Belgrave.

Reader responses having to do with personal comfort and security were well represented in Council's **Especially for Seniors** rural aging survey in the summer of 1990. They covered many positive aspects of rural living such as friendliness, hospitality, sharing and community support. However, many readers were concerned about loneliness, inactivity, isolation and a lack of community support, as observed by the senior from Belgrave.

Council submits that the availability and quality of community services, both formal and informal, are probably the most pivotal of all concerns among rural seniors. The availability and quality of these services directly affect standards of housing, transportation and health care, and have an extremely important impact on the social and emotional well-being of seniors.

Council is aware that a gap exists between current levels of community service and the expectations of a new generation of retiring seniors. Given current patterns of retirement to rural Ontario, and especially in recreational regions, there is every expectation that this gap will widen.

Governments and service providers must re-assess the level and appropriateness of their community resources and services, giving specific consideration to issues affecting seniors.

Foremost among these are the values seniors place on independence, individuality and self-sufficiency. On one hand, these characteristics help rural seniors and rural communities to cope with their challenges and difficulties. On the other hand, they can serve as a very real barrier to the establishment of community service networks and programs.

On balance, Council believes community services should be designed to serve the personal and cultural characteristics of those for whom they are intended. That is, values promoting independence and self-sufficiency should be respected and accommodated in the design and delivery of all community services.

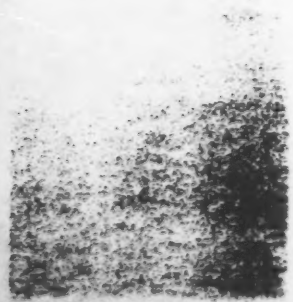
The role of rural volunteers also requires renewed attention. Council heard submissions from all regions on the critical importance of volunteers in smaller communities. Council also heard of difficulties in recruiting and training volunteers and of their need for recognition.

Many people also would like to do volunteer work but they are deterred by the financial cost to themselves. Council believes that these costs should not be a barrier to volunteerism. It is clear that volunteers will provide an increasingly important component of community service. Ways must be found to encourage volunteer participation.

Co-ordination of volunteer services is essential. Co-ordinators of seniors' services such as those in place in Grey and Bruce Counties, can play an increasingly useful role. They can also help to identify issues such as elder abuse and needs for specialized services such as palliative, respite and psychogeriatric care.

Council was impressed with the efficient and caring work of the co-ordinators who assisted in this study and would encourage the provincial government to work with other counties and municipalities to create similar positions.

"Rural people have pride. They don't want to ask for anything, but they're cutting off their nose to spite their face."
—a Hastings County senior.



WE RECOMMEND:

- *That in the government's redirection of long-term care that the Ministry of Health and Ministry of Community and Social Services assess existing or new models of community service delivery to rural seniors in the context of the following criteria:*

  - *respect for the rural value placed on independence, individuality and self-sufficiency;*

  - *community services be responsive to rural preferences and that the imposition of urban models of service delivery be avoided;*

  - *allocation of all community resources be based on a thorough understanding of the differing demands of both long-time residents and new retirees from urban areas.*

- *That the Ministry of Citizenship's Office for Seniors' Issues undertake a thorough review of the recruitment, training, and incentive needs of volunteers in rural and small communities in Ontario, with a view to improved support .*

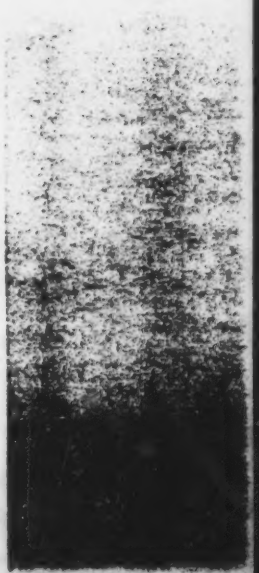
- *That in the assessment of existing or new models for community service delivery to seniors in rural environments, the following criteria be accommodated:*

  - *the valuable role of coordinators of seniors' services be acknowledged and the number of such positions be increased across the province;*

  - *service delivery models should build upon and extend the reach of services already in operation in the community;*

  - *volunteers should play an important role in service delivery and should be provided with incentives to do so;*

  - *service clubs, faith communities and other non-government agencies should be important partners in any service delivery;*



- *seniors should be given the opportunity to share in the design and delivery of services intended to help them retain their independence.*

- *That future elder abuse projects or studies, undertaken by the Ministry of Citizenship's Office for Seniors' Issues, pay special attention to rural seniors.*

Lillian Closs of R.R. # 2 Peterborough (right) and her mother, Margaret Barry of Ennismore, share a laugh while washing the dishes. Lillian renovated her home and changed her lifestyle in order to have her mother live with her family.

APPENDICES

Schedule of Consultations 72

Briefs Submitted 73

Endnotes 75

Schedule of Consultations

During the fall of 1990 and the winter of 1991, Council undertook public consultations on issues of importance to seniors, service providers and community representatives in the following small and rural Ontario communities:

- Minden, Haliburton County
  Hyland Crest Senior Citizens' Home
  September 11 and 12, 1990
  Participants: 150
  Briefs Presented: 7

- Markdale, Grey and Bruce Counties
  Annesley United Church
  November 20 and 21, 1990
  Participants: 170
  Briefs Presented: 13

- Dryden, District of Kenora
  Ontario Government Building
  Patricia Garden Minimal Care Home
  February 11 and 12, 1991
  Participants: 70
  Briefs Presented: 7

- Ivanhoe, Hastings County
  Huntington Township Community Centre
  December 19, 1991
  Participants: 60
  Briefs Presented: 15

- Eastern Ontario Consultations
  Toronto
  March 5 and 6, 1991
  Presentations: 4
  Briefs Presented: 2

Briefs Submitted

Minden, September 11 and 12, 1990

Haliburton County Home Support Services
Haliburton, Kawartha and Pine Ridge District Health Council
North Hastings Volunteer Community Support Services
Psychiatric Assessment Service for the Elderly
Victoria County Community Care

Markdale, November 20 and 21, 1990

Beaver Valley Outreach Report
County of Bruce Social Services Department
Bruce-Grey-Owen Sound Health Unit Report (Dental)
Sean-Lee Community Nursing Agency
Special Concerns of Seniors in the Bruce Peninsula
Grey-Bruce Home Care Program
Grey County Homes for the Aged
Grey-Owen Sound Social and Family services
Kincardine Community Services Association
McKeeva Health Care
Rev. D.A. Brydon
South-East Grey Community Outreach
Victorian Order of Nurses
Community Support Services for Seniors

Dryden, February 11 and 12, 1991

Atikokan General Hospital
Ministry of Northern Development and Mines
Native Homemaker Program
Northwestern Home Care Program
Patricia Gardens Minimal Care Home
Rainy River District Home Support Program

Ivanhoe, December 19, 1991

(verbal / written submissions)

Centre Hastings Support Network
Ministry of Agriculture and Food
Hastings and Prince Edward County Public Health Unit
Frankford and District Senior Citizens
Cherry Valley Women's Institute
Bloomfield Women's Institute
Second Thurlow Senior Citizens Club
Tyendinaga Seniors Club
Tweed and District Community Care
Tweed and District Community Health Centre
Hastings and Prince Edward Council on Aging
Various Seniors

Eastern Ontario, March 5 and 6, 1991

VON, Health Promotion Project, Brockville
North Frontenac Home Support

Endnotes

1. All Statistics Canada data are taken from five 1986 census files:

   Canada's Farm Population No. 98-133

   Urban and Rural Areas No. 94-129

   Census of Agriculture No. 96-101

   Ontario Agriculture No. 96-108

   Socio-Economic Characteristics of the Farm Population No. 96-114

2. **Agricultural Finance Review**, Report to the Ontario Minister of Agriculture and Food, March, 1991. p.6.

3. **Ibid**, p.1.

4. Conferences were held in Orillia, Stratford, Smiths Falls, Dryden and Rockland. (June 1990-October 1990).

5. All data, unless otherwise noted, are from 1986 Statistics Canada census files.

6. **The Economic Situation of Canada's Seniors**. Re National Advisory Council on Aging, Ottawa, March, 1991, p.72.

7. **Ibid**. p.70.

8. **Monthly Statistics Income Security Program**. Health and Welfare Canada, 1990.

9. Senior Services Study. Peat, Marwick, Stevenson and Kellog. May, 1990. p. A III-2.

10. **The Economic Situation of Canada's Seniors**. p.72.

11. **Ibid**. p.56.

12. **Ibid**. p.78.

13. **Ibid**. p.53 (1986 data).

14. While 52 per cent of all public housing units in Ontario were made available to seniors in 1990, their concentration is primarily in urban areas. (**Ibid**. p.64).

British Columbia. Task Force on Issues of Concern to Seniors. **Toward a Better Age: Report of the British Columbia Task Force on Issues of Concern to Seniors**. Victoria: Office for Seniors, Ministry of Health, 1990.

Chappell, N.L. **Formal Programs For Informal Caregivers To Elders**. Ottawa: Health and Welfare Canada, 1989.

Council on Aging of Ottawa-Carleton. **Seniors' Day Care Programs in Ottawa-Carleton**. Ottawa: Council on Aging of Ottawa-Carleton, 1989.

County of Bruce. Social Services Department. **Senior Services in Bruce County**. Toronto: Peat Marwick Stevenson & Kellogg, 1990.

Grey-Bruce District Health Council. **Long Term Care of the Elderly Study: Final Report**. Owen Sound: Grey-Bruce District Health Council, 1989.

Gutman, G.M. and Hodge, G. **Housing and Support Service Needs and Preferences of Rural Seniors from Three Regions in Canada**. Ottawa: Canada Mortgage and Housing Corporation, 1991.

Haliburton County Community Directional Plan Steering Committee. Haliburton, Kawartha & Pine Ridge District Health Council. **Community Care Needs of Frail Elderly and Disabled Persons in Haliburton County: A Study of Social, Health and Housing Resource Requirements**. Toronto: ARA Consulting Group, 1991.

Haliburton, Kawartha & Pine Ridge District Health Council. **Report of the Task Force for the Review of the Service Delivery Network in Rural Areas of the Haliburton, Kawartha & Pine Ridge District**. Peterborough: Haliburton, Kawartha & Pine Ridge District Health Council, 1989.

Hastings and Prince Edward Council on Aging. **Needs Identification Study For Senior Citizens Of Hastings and Prince Edward Counties**. Beckett Kitcher Consultants Corporation; Critical Issues, 1990.

Joseph, A.E. and Fuller, A.M. "Towards an Integrative Perspective on the Housing, Services and Transportation Implications of Rural Aging". **Canadian Journal on Aging** 10 (1991), pp. 127-148.

Kenora-Rainy River District Health Council and Thunder Bay District Health Council. **Regional Long Term Care Role Study: Northwestern Ontario**. Toronto: The Teasdale Sherk Group, 1990.

Lanark, Leeds, and Grenville Council on Aging. **Report of a Futures Search Conference on Aging in Lanark, Leeds, and Grenville**. Lanark, Leeds, and Grenville Council on Aging, 1990.

Manitoba. Manitoba Highways and Transportation. **Program for Transportation of the Mobility Disadvantaged in Rural Manitoba: A Study of User Needs and Benefits**. Winnipeg: Manitoba Highways and Transportation, 1986.

National Advisory Council on Aging. **Understanding Seniors' Independence, Report No. 1: The barriers and suggestions for action**. Ottawa: National Advisory Council on Aging, 1989.

Ontario Advisory Council on Senior Citizens. **Aging Together: An Exploration of Attitudes Towards Aging in Multicultural Ontario**. Toronto: Ontario Advisory Council on Senior Citizens, 1989.

Ontario Advisory Council on Senior Citizens. **The Freedom to Move is Life Itself**. Toronto: Ontario Advisory Council on Senior Citizens, 1987.

Ontario Advisory Council on Senior Citizens. **Towards An Understanding of the Rural Elderly**. Toronto: Ontario Advisory Council on Senior Citizens, 1980.

Ontario Home Support Association. **Issues in Home Support: Report for The Ontario Home Support Association**. Toronto: The Teasdale Sherk Group, 1988.

Ontario. Ministry of Citizenship, Office for Seniors' Issues. **Older Rural Women Speak Out!: The Final Report from the October 31, 1990 Conference organized by a Committee of Rural Women in Lanark, Leeds & Grenville Counties.** Office for Seniors' Issues, 1991.

Ontario. Ministry of Citizenship, Office for Seniors' Issues. **Report on the Proceedings of the Women of Tomorrow Conference in Dryden, October 24, 1990**. Office for Seniors Issues, 1990.

Ontario Social Development Council. **A Timely Challenge: Housing and Related Service Needs of Rural Elderly Women**. Ontario Social Development Council, 1988.

White Fish First Nation. **The Report on the Well-Being of Elders and Adult Disabled of Whitefish River First Nation**. Ontario. Ministry of Community and Social Services, Elderly Services Branch, 1989.

BIBLIOGRAPHY

Aday, R.H. and Miles, L.A. "Long-term Impacts of Rural Migration of the Elderly: Implications for Research". **Gerontologist** 22 (1982), pp. 331-36.

Bakiuk, Eileen. "Exploring the Option To Age in Place". **Plan Canada** 30 (1990), pp. 35-41.

Baldwin, Patricia. "Homesharing in Canada: An Appealing Housing Alternative for the Elderly or a Troublesome Myth?" **Plan Canada** 30 (1990), pp. 26-33.

Blank, T.O. **Older Persons and Their Housing: Today and Tomorrow**. Springfield Il.: Charles C. Thomas, 1988.

Bodig, M.G. **Residential Migration and Residential Mobility of Seniors Living in Harriston, Ontario**. Master's thesis, University of Guelph, 1986.

Brink, S. "Housing Elderly People in Canada: Working Towards a Continuum of Housing Choices Appropriate to Their Needs". **In Innovations In Housing and Living Arrangements for Seniors**, edited by G.M. Gutman and N.K. Blackie, Burnaby, B.C.: Simon Fraser University, 1985.

Bryant, E.S. and El-Attar, M. "Migration and Redistribution of the Elderly: A Challenge to Community Services". **Gerontologist** 24 (1984), pp. 634-40.

Carter, Tom. ed. **Housing Affordability in Canada: Are We Addressing the Problem?** Occasional Paper 24, University of Winnipeg, 1990.

Carter, Tom. ed. **Solving Rural Housing Problems: Building a Better Understanding**. Occasional Paper 21, University of Winnipeg, 1990.

Chappell, N.L. and Horne, J. **Study of Emergency Response for the Elderly**. Ottawa: Canada Mortgage and Housing Corporation, 1988.

Chappell, N.L. and Horne, J. **Housing and Supportive Services for Elderly Persons in Manitoba**. Ottawa: Canada Mortgage and Housing Corporation, 1987.

Cloutier, D.S. **Theoretical and Empirical Perspectives on the Use of Health Services by the Rural Elderly**. Master's thesis, University of Guelph, 1988.

Colsher, P.L. and Wallace, R.B. "Health and Antecedents of Relocation of the Rural Elderly Persons". **Journal of Gerontology: Social Sciences** 45 (1990).

Corbet, Ron. "Coming of Age: A Profile of the Elderly in Atlantic Canada". **Plan Canada** 30 (1990), pp. 13-25.

Coward, R.T. and Smith, W.M., eds. **Family Services: Issues and Opportunities in Contemporary Rural America**. Lincoln: University of Nebraska Press, 1983.

Dahms, F.A. **Population Migration and the Elderly: Ontario 1971-1981**. Occasional Papers in Geography No. 9, University of Guelph, 1987.

Ernst, M.L. and Brown, B.R. "A Systems Paradigm for Service Delivery to the Impaired Elderly". In **Communication Disorders in Aging**, edited by R.H. Hull and K. M. Griffin, California: Sage, 1989.

FitzSimons, J.; Ried, D.; and Fraser, B. **Transportation Issues Among The Rural Elderly in Michell, Perth County, Ontario: A Report to the Perth County Senior Planning Council**. University of Guelph, School of Rural Planning and Development, 1987.

Flaming, K., and O'Brien, P. "A Research Note: Congregate Housing —An Emerging Alternative in the Continuum of Housing". **Housing and Society** 16 (1988), pp. 63-76.

Forbes, W.F.; Jackson, J.A.; and Kraus, A.S. **Institutionalization of the Elderly in Canada**. Toronto: Butterworths, 1987.

Fournier, G.M.; Rasmussen, D.W.; and Serow, W.H. "Elderly Migration as a Response to Economic Incentives". **Social Science Quarterly** 69 (1988), pp. 245-60.

Fraser, B.S. **Service Planning for the Elderly in Rural Communities: Relearning from the One-stop Access Initiative**. Master's thesis, University of Guelph, 1989.

Gutman, G.M., and Blackie, N.K., eds. **Housing the Very Old**. Burnaby, B.C.: Simon Fraser University, 1988.

Gutman, G.M.; Milstein, S.L.; and Doyle, V. **Attitudes of Seniors to Special Retirement Housing: Life Tenancy Arrangements and Other Social Options**. Ottawa: Canada Mortgage and Housing Corporation, 1987.

Gutman, G.M. and Hodge, Gerald. **Housing and Support Service. Needs and Preferences of Rural Seniors from three Regions in Canada**. Ottawa: Canada Mortgage and Housing Corporation, 1990.

Gutman, G.M.; Milstein, S.; Killam, J.; and Lewis, D. **Urban-Rural Comparison of Adult Day Care Centres in British Columbia**. Vancouver: Simon Fraser University, 1991.

Hilton, H. M.; Brokaw, L. J.; and Tripple, P. A. "Factors Contributing to the Mobility of Retirees: The Lake Topaz Experience". **Housing and Society** 16 (1989), pp. 3-12.

Hodge, Gerald. and Gutman, G.M. **Maintaining Seniors Independence in Rural Areas: A Guide to Planning Housing and Support Services**. Ottawa: Canada Mortgage and Housing Corporation, 1991.

Hodge, Gerald. "The Seniors' Surge: Why Planners Should Care". **Plan Canada** 30 (1990), pp. 5-12.

Hodge, Gerald. **The Elderly in Canada's Small Towns: Recent Trends and Their Implications**. Occasional Paper No.43, University of British Columbia, 1987.

Inglis, Darlene. **A Report of Meals On Wheels Services in the County of Wellington**. Guelph: United Way Planning Council, 1989.

Joseph, A.E. and Fuller, A.M. **Aging in Rural Communities: Interrelated Issues in Housing, Services and Transportation**. Papers on Rural Aging, University of Guelph, 1988.

Joseph, A.E. and Cloutier, D.S. **The Utilization of Health and Social Services by the Rural Elderly: An Approach and Case Study**. Occasional Papers in Geography No. 15, University of Guelph, 1990.

Joseph, A.E. and Cloutier, D.S. "A Framework for Modelling the Consumption of Health Services by the Rural Elderly". **Social Science and Medicine** 30 (1989), pp. 45-52.

Kihl, M. and May, S. **The Need for Special Transportation Alternatives for the Rural Elderly—Preliminary Assessment**. Paper presented at the annual meeting of the American Association of Collegiate Schools of Planning, Portland, Oregon, 1989.

Lewis, S.J., ed. **Aging and Health: Linking Research and Public Policy**. Chelsea, Michigan: Lewis, 1989.

Li, P.S. and MacLean, B.D. "Changes in the Rural Elderly Population and their Effects on Small Town Economy: The Case of Saskatchewan 1971-1986". **Rural Sociology** 54 (1989).

Lodi, K. and Combs, E.R. "Housing Adjustments of Rural Households: Decisions and Consequences". **Housing and Society** 16 (1989), pp. 3-12.

MacDonald, A. **Transportation: Options for the Future - Issues Related to Older Driver and Pedestrian Safety**. Ottawa: National Advisory Council on Aging, 1989.

MacKenzie, E.; Smythe, R.; and Harwood, R. **Social and Regulatory Aspects of Home Equity Conversion: Consumer Protection for the Cash-poor Seniors**. Ottawa: Public Interest Advocacy Centre, 1989.

Marshall, Victor W. **Aging in Canada: Social Perspectives**. 2nd ed. Markham, Ontario: Fitzhenry and Whiteside, 1987.

Marshall, Victor W.; Rappolt, S.; and Wilkins, S. **Models for Community Based Long-Term Care**. Toronto: University of Toronto, 1989.

Matthews, M.A. "Rural Aging". In **North American Elders**, edited by E. Rathbone-McCuan and B. Havens, pp. 143-60. New York: Greenwood Press, 1988.

Matthews, M. A. **"Rural Programs and Service Delivery to the Elderly: an Overview"**. Paper presented to the 15th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, Quebec City, 1986.

McClain, J. "Community Planning for Seniors: Right Neighbourhood, Wrong Vintage". **Plan Canada** 31 (1991), pp. 22-29.

Merril, John. "Home Maintenance Behaviour and the Elderly". **Housing and Society** 16 (1989), pp. 13-35.

Murray, C.C.; Seaton, R.W.; and Collins, J.B. **Supportive Housing for Seniors: The Elements and Issues for a Canadian Model**. Ottawa: Canada Mortgage and Housing Corporation, 1988.

Northcott, H.C. **Changing Residence: The Geographic Mobility of Elderly Canadians**. Toronto: Butterworths, 1988.

Orr, L.R. "An Aging Society: A Municipal Social Planning Perspective". **Plan Canada** 30 (1990), pp. 42-45.

Rogers, A. and Woodward, J. "The Sources of Regional Elderly Population Growth: Migration and Aging-in-Place". **Professional Geographer** 40 (1988), pp. 450-58.

Rosenberg, M.W.; Moore, E.G.; and Ball, S. "Components of Change in the Spatial Distribution of the Elderly Population in Ontario, 1976-86". **Canadian Geographer** 33 (1989). pp. 218-29.

Schwenger, C.W. "Institutionalization of Elderly Canadians: Future Allocations to Non-Health Sectors". In **Aging and Health: Linking Research and Public Policy**, edited by S. J. Lewis, Chelsea, Michigan: Lewis, 1989.

Scott, T.J. and Maziarka, R.F. **Elderly Housing Options**. Chicago: Pluribus Press, 1987.

Struyk, R.; Page, D.; Newman, S.; Ueno, M.; Cohen, B.; and Wright, P. **Providing Supportive Services to the Frail Elderly in Federally Assisted Housing**. Washington, D.C.: Urban Institute Press, 1989.

Thompson, J.V. and McFarland, M.J. "Agency Participation and Problem Occurrence Among the Elderly". **Canadian Journal On Aging** 8 (1989).

Weal, Francis and Weal, Francesca. **Housing for the Elderly: Options and Designs**. New York: Nichols Publishers, 1988.

Windley, P.G. and Scheidt, R.J. "Rural Small Towns: An Environmental Context for Aging". **Journal of Rural Studies** 4 (1988), pp. 151-58.

Wood, L.A. and Johnson, J. **Life Satisfaction Among the Rural Elderly: What do the Numbers Mean?** Gerontology Research Centre Publication Series Paper 88-01, University of Guelph, 1988.